

**A STUDY TO ASSESS THE EFFECTIVENESS OF STUCTURED TEACHING
PROGRAMME ON KNOWLEDGE REGARDING BEHAVIOURAL
PROBLEMS OF CHILDREN AMONG TEACHERS IN SELECTED
PRIMARY SCHOOLS AT ERODE DISTRICT**

By

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**Dissertation Submitted to
THE TAMILNADU DR M.G.R. MEDICAL UNIVERSITY
Chennai, Tamil Nadu.**



**In Partial fulfillment
Of the requirements for the degree of
Master of Science
In
Mental Health Nursing**

**SRI ADICHUNCHANAGIRI SHIKSHANA TRUST (R)
Dharmarathnakara Dr. Mahalingam Institute of
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APRIL 2016**

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APPROVED BY DMIPSR College of nursing

Principal : -----
Prof. Mrs. K. Kalaivani, M.Sc., (Nursing)
Principal cum Professor in Community Health Nursing
DMIPSR College of Nursing,
Sakthi Nagar, Bhavani, Erode – 638 315.

Research Guide : -----
Mrs. Deepa. K. M.Sc., (Nursing)
Assit professor HOD of Mental Health Nursing
DMIPSR College of Nursing,
Sakthi Nagar, Bhavani, Erode – 638 315.

Medical Guide ; -----
DR P SELVAN MS Gensurgeon
Raghav hospital
Appakudal

**A Dissertation was submitted to
The Tamil Nadu Dr. M.G.R. Medical University, Chennai.
In partial fulfillment of the requirement of
Degree of Master of Science in Nursing.**

VIVA VOCE :

1. Internal Examiner : -----

2. External Examiner : -----

APRIL 2016

ENDORSEMENT BY HEAD OF THE INSTITUTION

This is to certify that the dissertation entitled **“A Study to assess the Effectiveness of structured teaching programme on knowledge regarding behavioural problems of children Among teachers in selected primary schools at Erode District”** is a bonafide research work by Mr. J. Edwin Jose under the guidance of Mrs. K. Deepa, M.Sc., (N) HOD of Mental health Nursing Department. Dharmarathnakara Dr. Mahalingam Institute of Paramedical Sciences and Research, Sakthi Nagar, Bhavani Taluk, Erode District.

Signature of the Principal
Prof. Mrs. K. Kalaivani, M.Sc., (N)
Principal cum Professor in
Community Health Nursing,
Sakthi Nagar,
Bhavani, Erode – 638 315

Date :

Place : Sakthi Nagar

ENDORSEMENT BY RESEARCH GUIDE

This is to certify that the dissertation entitled **“A Study to assess the Effectiveness of structured teaching programme on knowledge regarding behavioural problems of children Among teachers in selected primary schools at Erode district”** is a bonafide research work done by Mr. J. Edwin Jose in partial fulfillment of the requirement for the degree of Master of Science in Mental health Nursing.

Signature of the Research Guide

Mrs. Deepa, M.Sc.,

HOD of Mental Health Nursing ,

Department of Mental Health Nursing,

Sakthi Nagar,

Bhavani, Erode – 638 315

Date :

Place : Sakthi Nagar

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<i>V</i>	<i>Tool</i>
<i>VI</i>	<i>List of experts</i>
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List of Abbreviations

<i>DMIPS R</i>	<i>Dharmarathnakara Dr. Mahalingam Institute of Paramedical Science and Research</i>
<i>et al.</i>	<i>And others</i>
<i>Fig</i>	<i>Figure</i>
<i>H1</i>	<i>Research Hypothesis 1</i>
<i>STP</i>	<i>Structured teaching programme</i>
<i>M.Sc., (N)</i>	<i>Master of Science (Nursing)</i>
<i>No</i>	<i>Number</i>
<i>P</i>	<i>Probability</i>
<i>Prof.</i>	<i>Professor</i>
<i>S.D.</i>	<i>Standard deviation</i>
<i>WHO</i>	<i>World Health Organisation</i>
<i>+ _</i>	<i>More than or less than</i>

ABSTRACT

STATEMENT OF PROBLEMS

“A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING BEHAVIOUAL PROBLEMS OF CHILDREN AMONG TEACHERS IN SELECTED PRIMARY SCHOOLS AT ERODE DISTRICT”

OBJECTIVES OF STUDY

1 To assess the knowledge regarding behavioural problems of children among primary school teachers

2 To evaluate the effectiveness of structured teaching programme on knowledge regarding behavioural problems of children among primary school teachers

3 To find out the association between knowledge on behavioural problems of children among primary school teachers and selected demographic variables

METHODOLOGY

The research design adopted for this study was pre –experimental design and reseach approach adapted for this was to evaluative and educative approach The sample size was 30 teachers by convenient smpling method Teachers were selected in selected schools at erode district

Data was collected by using structured questionnaire this consists of two section

SECTION1 – Demographic variables

SECTION2- Questionnaire regarding knowledge

RESULTS

1 Most of the samples 34% were in the age group31-40years 82%were females and 68% had complete B.ED 54% of the sample are married and 40% of samples have ,<6years age group of children

2 IN pretest 46(92%) primary schools teachers had inadequate knowledge 4(8%)primary school teachers had moderate knowledge and none of them had adequate knowledge

3 IN post test 0(0%) primary schools teachers had inadequate knowledge 4(8%) primary school teachers had moderate knowledge and 46(92%) primary school teachers adequate knowledge

4 THE difference between the overall pre –test and post-test knowledge mean difference scores was 1510 which revealed the effectivenessof the structured teaching programme on behavioural problems of children hence there was a significant increase in knowledge of school teachers regarding behavioural problems of children after their exposure to the structured teaching programme on behavioural problems of children

5 Further the paired “t” test was used to find the significant difference between the overall pre test and post test knowledge score. The “t” value 26.572 was significant at $p < 0.05$. Hence there was significant difference between the overall pre test and post test knowledge score and that difference was due to the exposure of the school teachers to structured teaching programme.

6 There was significant association between the level of knowledge of age and selected demographic variables.

CHAPTER : I

INTRODUCTION

**“Children are gifts from God, Disabled or not! Is something every parent
needs to hear”**

Renee C.Berryman

Today's children are tomorrow's responsible citizens of the world. There is a great emphasis on children these days because of the recognition that a very substantial proportion of the world's population, 35-45% constitute young children. The future of our country depends on positive mental health of our young people. However, nearly one in five children and adolescents have emotional and behavioural disorders at some point of time in their young lives, regardless of their geographic region or socio-economic status.

Recent evidence by WHO indicates that by 2020 childhood neuropsychiatric disorders will rise proportionately by over 50%, and would be the fifth most common cause of morbidity, mortality and disability among children. Epidemiologically estimates suggest that approximately 14-20% of all children from birth to 18 years of age have some type of psychiatric disorders and about 3% to 5% have serious disorders.

According to Ramesh p Adhikari 2015 the result suggest that addictive behavior not paying attention to studies getting angry over small issues fighting back disobedience and stealing were the most commonly identified behavioural related problems of children with these problem seen as interrelated and interdependent result indicates that community members view the family the strategies reported by parents and teachers to manage child behavioural problems were talking listening consoling advising and physical punishment conduct or

behavioural problems related to repeated violation of others rights aggressiveness hyperkinetic impulsive behavior and missing classes or running away from school A study conducted in five developing countries suggest that 10.5 % of 20.8 % of children in brazil 11.7-13.7% of school age children in srilanka 34-36% of children in Pakistan and 30% of children in india 12 % suffer conduct or behavioural problems school related behavioural problems induced dropping out irregular in school attendance lack of interest in school work and education not completing home work skipping class always failing in exam roaming around during school hours being more interested in playing than studying and always watching television instead of studying the addiction related problems included smoking cigarette drinking alcohol and using drugs antisocial behavior identified were wandering around the neighborhood aimlessly stealing speaking rudely threatening others not listening to others and becoming aggressive without reason

The most commonly reported child behavioural problems in the study area were addictive behavior neglecting schoolwork getting over small issue fighting disobedience and stealing the children family school and community environment were seen responsible for the increase or decrease of these problems children with supportive parents and family environments were thought to exhibit fewer behavior related problems that children with unsupportive parents and difficult family circumstances respondents reported that society had negative attitudes towards children with behavioural problems

Teachers have difficulties managing childrens behavioural problems Teachers reported under listening talking and counseling as a first option to deal with child behavioural problems

An understanding of the emotional development of children is essential, Different components of a healthy personality develop at various periods in the process of growing. As the child passes from infancy to toddler stage, he uses his increasing ability to help himself and to develop his sense of autonomy. The preschool child watches adults and attempt to imitate their behaviour. He develops a sense of initiative controlled by conscience between the age of six and

thirteen years the child develops a sense of industry and a desire to engage in task in the real world.

The term "behaviour disorder" is often seen as less stigmatizing, less severe, more socially acceptable and more practical than the term emotionally disturbed. The term grew out of a behavioural model which process the teachers can see and describe behaviour disorder, but cannot easily describe disturbed emotions. In common usage today, "behavioural disorder" is usually attributed to less severely disturbed students whereas "emotionally disturbed" is reserved for the most seriously impaired.

Behaviour is simple verbal and non-verbal communication. It is the conduct, actions and words that children employ as a signal, with which they express their thoughts, feelings, need and impulses. It is judged as to whether it meets social, cultural, developmental and age appropriate standards. Behaviour can be positive or negative, impulsive or planned, predictable or unpredictable, consistent or inconsistent and it can elicit a wide range of positive or negative responses from others.

All children have moments when they are disobedient or refuse to follow rules. There may be conscious when quite a few children will get into tempers and become aggressive or destructive in ways that are inappropriate for their age. A child may steal and lie in a shy way often, quietly which suggested, severe behaviour problems. This affects the child's development of life. The picture usually goes beyond antisocial behaviour to include an inability to make solid friendship and failure to get qualification at schools. Typically, other children reject them because they are rude and unable to take part in activities without getting aggressive.

It is generally noted that in developing countries more and more children are brought into the school system; but at the same time every section of the school is likely to have around 15-20% of students who are not able to maintain satisfactory collateral progress which is often the result of some kind of maladjustment at school or home.

School teachers and children constitute the majority of literature population in the developing countries and exert a tremendous influence on community attitudes and behaviour patterns including health belief systems. On similar lines teachers only when given proper training can identify children with handicap that are physical in nature and mental handicaps.

At school, despite of adequate intelligence, they are near bottom of class and often disrupt lessons, often being asked to leave, psychologically the young person may feel worthless and lack any belief that they are capable of doing anything good. They may be quick to blame themselves and the outside world. If nothing changes, future prospect after school are poor.

The behavioural problems interfere with the child's adjustment to life and as a result, makes him unhappy in later life also. It also makes their life difficult and unsatisfactory as well as that of those around them. If no remedial steps are taken it may distort his total personality. Hence, there is a need to identify and provide suitable measures to deal with behavioural problems at an early age.

A well set up school mental health programme is concerned not only with the prevention and management of emotional and psychosocial problems of young children, but also with the utilization of trained teachers to improve the psychosocial aspects of school children. It is also required to develop an educational method that takes into consideration, its impact on the mental health of the students. Mental health inputs in the school health programme is likely to play a

major role in the amelioration of social, behavioural and learning problems manifested in school children.

Therefore as mental health in school health is essential, for which teachers need to identify the common mental health problems. The disruptive behaviours in the classroom tend to diminish if they are ignored by the teacher and if the teacher gives systematic approval and attention when they behave well. So, knowledge of teachers regarding prevention of behavioural problems among school children is very much essential for mental health promotion.

Need for the Study

"Children are the inheritance from God. They are like clay in the potter's hand handled with love *and care*, they are become something beautiful or else they will break".

- Anonymous

Schools play a crucial and formative role in the spheres of cognitive, language, emotional, social and moral development of children. There is now a growing recognition that schools have a significant role in promoting mental health. Teachers are powerful groups who have in their process of education studied the nature of individual growth. This has equipped them to be in a position to shape and reshape behaviours that are warranted.

Nearly one in five children and adolescents will have emotional and behavioural disorders at some time in their youth. Mental disorders in schools amount to 3.12% in students. Even by conservative estimates 10% of the child population suffers from mental disturbances with serious associated impairments including learning problems, health problems and drug

abuse at any given time. At least 3% of school age children suffer from serious emotional disturbances at any given point of time.

Early detection of psychiatric problems in children is of paramount importance. A few studies carried out in India revealed the prevalence of psychiatric morbidity to be 8-30% in children under 12 years of age. Thus, at any point in a given time, one out five children in the general population has a clinically significant disorder.

Susan L. Lukacs (2014) Mental health problems are common chronic condition in children medication is often prescribed to treat the symptoms of these condition this report describe the socio demographic characteristics of children aged 6-17 years prescribed medication during the past 6 months for emotional or behavioural difficulties and describes parental benefits of this medication

Kapur and Cariappa (2007) evolved an evaluation program to train school teachers in early detection and management of behavioural problems amongst children. Kapur et al., (2010) conducted an orientation course to sensitive programmes where training strategies were carried out. Response showed change at a considerable level, improvement in knowledge component, better performance of teachers who were in constant touch with children,

Children are at school for a larger part of their vital time for the emotional and physical development. School provides a setting for the development of friendship, socialization and for the introduction and reinforcement of behavior.

The quality of children's life solely depends on the type of environment, school and neighborhood. Unhealthy social surroundings can put them at stress and can increase their vulnerability to develop emotional disorders.

As children are easily amenable to different stresses and strain, it is imperative in on the part of parent and teachers to know the intricacies of a healthy psychosocial environment leading to behavioural patterns which are personally satisfying and socially acceptable.

Schools have an unprecedented opportunity to improve the lives of young people. With nations moving towards a commitment to universal education, schools are finding it necessary to expand their roles by providing health services to deal with factors interfering with schooling. The years of primary, secondary and high school education become increasingly burdensome and stressful with various languages that have to be learnt and an increasingly heavy load of syllabus.

There is a growing recognition that schools may play a significant role in producing psychopathology, especially due to the formative influences of school as normal as well as pathological development. It therefore become imperative to view the schools system from the perspectives of primary, secondary and tertiary prevention with reference to the child's mental health.

Teachers have an immense impact on young children's mental health. They enjoy a very important position in the formation of healthy mind in them as reported by UNESCO, there are almost 43 million teachers around the world at the primary and secondary levels. The size alone of the teacher population is of public health significance.

It is in this context the importance of a teacher becomes vital in safeguarding the mental health of children. This is especially true in the case of the Indian situation where there is considerable shortage of mental health facilities for children. Teachers perceptions essential in planning and implementing life skill education, mental health education, psycho social intervention and professional referral when necessary.

Teachers have been utilized for school health programmes in health status assessment and health education. Since there is considerable shortage of mental health professionals, school teachers can make important contributions in the promotion of mental health of children. The opportunity that teachers have for interpersonal relationship greatly contribute to the mental health of children.

School teachers, who spend majority of the child working hours interacting with them, observing them, have opportunity to identify changes in their behaviour. In order to do this effectively, all teachers should have training to develop skill in positive interaction technique which enhances the child's self esteem and fosters positive relationship with the children and their parents. If the teacher is well equipped with the knowledge of child development and interpersonal process, he or she will be able to play an important role in ameliorating the behavioural problems of children.

School based intervention may be environment centered or child centered and one may lead to another. An environment centered programme may also strive to enhance the ability of administrators, teachers and support staff to deal with specific kinds of behavior.

Early intervention may prevent more serious problems later, such as school failure, dropouts, delinquency and low level adult learning. The burden of these problems to individuals, families and communities is extremely high.

A mental health programme should be a part of comprehensive health programme including health instruction to teachers at all levels from primary to high schools, easily accessible health services a healthful nurturing and safe environment and interaction with family and community organization. Some of the available comprehensive health initiatives have resulted in higher school attendance, enhanced academic success, fewer school dropouts and reduced criminal behaviour.

Amidst such scope in the fields of mental health nursing, nurses play a vital role in imparting knowledge about behaviour problems of children to teachers. There are very few studies conducted till date and handling any of these conducted by nurses. The current study is an attempt to promote primary prevention of child's behaviour problems by means of educating teachers in early identification of such problems with the help of acquired knowledge through structured teaching programme.

STATEMENT OF THE PROBLEM:

“A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING BEHAVIOURAL PROBLEMS OF CHILDREN AMONG TEACHERS IN SELECTED PRIMARY SCHOOLS AT ERODE DISTRICT”.

OBJECTIVES OF THE STUDY:

1. To assess the knowledge regarding behavioral problems of children among primary school teachers.
2. To evaluate the effectiveness of structured teaching programme on knowledge regarding behavioral problems of children among primary school teachers.
3. To find out the association between knowledge on behavioral problems of children among primary school teachers and selected demographic variables.

HYPOTHESIS:

H₁ : Structured teaching programe on behavioural problems of children will be effective in increasing the knowledge of primary school teachers on behavioural problems of children.

H₂ : There will be significant association between the pretest knowledge of primary school teachers regarding behavioural problems of children with selected demographic variables.

ASSUMPTIONS:

The study was based on the following assumptions:

1. Primary school teachers may have some knowledge regarding behavioural problems among children.
2. Developing an structured teaching programme based on the assessed knowledge regarding behavioural problems among children will update their lacking knowledge on behavioural problem.

OPERATIONAL DEFINITIONS:

Assess:

It is the action of making a judgment about the value or quality of something. In this study, the word assess refers to the process of checking the knowledge of primary school teachers to note the effectiveness of structured teaching programme.

Effectiveness:

It is the process of producing a desired or intended result. In this study, the word effectiveness denotes the significant variation in the knowledge of primary school teachers on behavioural problems of children that had brought by structured teaching programme.

Knowledge:

Refers to understanding and awareness gained by training and experience regarding meaning, causes, clinical features, diagnosis and management of behavioural problems as elicited by knowledge questionnaire.

Behavioural Problems:

Refers to an abnormality of emotions, behaviour or relationship which is sufficiently severe and persistent to handicap the child in his social or personal functioning and to cause distress to the child, their care givers and to the people in the community.

Children:

Children refers to school age children those who fall in the category of 4-10 years of age.

Structured teaching programme:

It is the systematically developed teaching programme. In this study, it refers to the systematically planned teaching programme used in the study to improve the knowledge of primary school teachers.

Primary school teacher:

Teachers teaching student in the section of schools (Pre KG to 5¹ Standard) in Erode District with basic teacher training qualification.

LIMITATIONS:

1. The study was limited to 50 samples only.
2. The study was limited to 6 weeks period only.
3. Non-standardized tool was used for the study.
4. The study was limited to primary school teachers in selected schools.

SCOPE OF THE STUDY:

1. The findings would reveal the knowledge of teachers regarding behavioural problems among primary school teachers.
2. The study would be an indicator to assess the preventive strategies adopted by the primary school teachers regarding behaviour problems.
3. The study also indicates how teachers adopt these preventive strategies in guiding parents and children.

CHAPTER:II

REVIEW OF LITERATURE

Review of literature is a broad, comprehensive, in-depth systematic and critical review of scholarly publication, and published scholarly printed materials, audio-visual materials and personal communication.

Review of literature is an essential step in the research project. It provides basis for future investigation, justifies the need for the study, throws light on the feasibility of the study, reveals constraints of data collection and relates the finding from one study to another with the hope to establish a comprehensive study of scientific knowledge in professional discipline, from which valid and pertinent theories may be developed.

As review literature shows that the evidence of behavioural problems is increasing problems day by day in children primary school teachers are having some knowledge regarding behavioural problems primary school teachers need more knowledge regarding behavioural problems teachers play a very important role in early diagnosis and promotion of behavioural problems among children in their schools by keeping all this points in brain researcher has selected the topic on common behavioural problems of children among primary schools teachers in selected schools at erode

The investigator carried out an extensive review of literature on the research topic in order to give deeper insight into the problem and to collect maximum relevant information for building the foundation of the study.

In order to collect the information the investigator used online resources like websites and latest books and journals. Review was done on the research and non research literature

In the present study review of literature is organized under the following:

A. Common behavioural problems

B. Conduct disorders

C. Learning and reading disorders

D. Communication disorders

E. Anxiety disorders

F. Temper tantrums

A. COMMON BEHAVIOURAL PROBLEMS

Beyer T, et.al, (2015) conducted a longitudinal study on prevalence of behavioural and emotional problems among six-years-old preschool children. They found that the 6-month prevalence of behavioural and emotional symptoms was 12.4%. They concluded in their study that the level of psychopathology in preschool children was already as high as levels seen elsewhere in school children.

Egger HL, Angold A (2014) conducted a study on common emotional and behavioral disorders in preschool children. The five most common groups of childhood psychiatric disorders: attention deficit hyperactivity disorders, oppositional defiant and conduct disorders, anxiety disorders, and depressive disorders. They review the implications for research on the etiology, nosology, and development of

early onset of psychiatric disorders, and for targeted treatment, early intervention and prevention with young children.

Girimaji SC, et.al., (2013) conducted a study on epidemiological study of child& adolescent psychiatric disorders in urban& rural areas of Bangalore, India, The results indicated a prevalence rate of 12.5 per cent among children aged 0-16 year. The psychiatric morbidity among 0-3 year old children was 13.8 per cent with the most common diagnosis being breath holding spells, pica, behaviour disorder, expressive language disorder and mental retardation. The prevalence rate in the 4-16 year old children was 12.0 per cent. Enuresis, stuttering and were the most frequent diagnosis.

Garvey C,et.aL, (2012) conducted a study on behavior problems in young children. This study examined (a) convergence between parents' and day care teachers' ratings of children's behavior problems, and (b) whether agreements and disagreements were associated with characteristics of the informant, context, or measures. The result found that there was a low correlation between parents' and teachers' ratings of child behavior.

McArdle P, Prosser J, et.al., (2011) conducted a study on the prevalence of psychiatric disorders: in a representative sample of primary school children in a North of England city. They found that estimated rates of disorder with impairment, calibrated to be equivalent to that of children attending local child psychiatric clinics, were 1.2% for emotional disorder, 5.6% for disruptive behaviour disorder and 6.7% for any disorder.

Subbakrishna DK, et.al., (2009) conducted a community based, comparative study on the prevalence of neurological disorders in Bangalore, India. The prevalence

rate in urban and rural populations was 2,190 and 4,070/1,00,000, respectively, implying that neurological disorders were twice as frequent in rural areas as in urban areas.

Denham SA,et.al., (2002) conducted a study on preschool understanding of behavior: contributions to classroom anger and aggression with the background of the study to identify patterns of social, cognitive differences among preschoolers that were related to risk of stable, aggressive behaviour with peers. They concluded that the pattern of findings suggest that the processes implicated with older children may begin earlier than previously thought with the focus on emotions.

Molins NC, (2002) conducted a study on teachers' reports of the problem behavior of children in their classrooms. Teachers identified children as having internalizing problems, they were just as likely to judge them as needing referral as children with externalizing problems.

Somersalo H, et.al., (2002) conducted a study on classroom climate and the mental health of primary school children. The results show associations between poor sixth-grade classroom climate and an increase in emotional and behavioural problems in both boys and girls.

Rodney J,efcaL, (1982) conducted a study on the prevalence of psychiatric disorder in rural school children. A survey of 10- and 11-year-old children from the far West of Queensland showed a prevalence rate for psychiatric disorder of 10% among those whose parents were willing to complete a questionnaire and attend the child's school for interview.

B. CONDUCT AND HYPERACTIVITY DISORDERS

Klimkeit E, et.al, (2006) conducted a study on children. They found that children with ADHD are found to provide useful information about their feelings and behaviors. Children with ADHD report more disorganized, disruptive, and impulsive behaviors; poorer self-perception; and poorer social and communication skills.

Amador Campos JA, et.al, (2006), conducted a study on factor structure and descriptive data of attention profile and ADHD questionnaire for school age children. The attention profile shows a factor structure of three factors: inattention-school problems, hyperactivity-impulsivity, and inattention-daydream that explained the 61.47% and the 44.19% for teachers and parents ratings respectively.

Hetrick S, et.al., (2006) conducted a study on attention deficit hyperactivity disorder, combined type, dysthymic disorder and anxiety disorders: differential patterns of neuro developmental deficits. The ADHD-CT and dysthymic disorder groups had increased total neurological subtle signs. They also found that conjugate eye gaze difficulties.

Baldry AC, (2005) conducted a study on animal abuse among preadolescents indirectly and indirectly victimized at school. The results suggest that discovery of animal abuse should prompt further enquiries about other problems that a child may have. Detection of animal abuse by a child could offer an opportunity for intervention to internalized damage or other aggressive behaviour.

Benjasuwantep B, et.al, (2002) conducted a study on prevalence and clinical characteristics of attention deficit hyperactivity disorder among primary school students in Bangkok. Attention deficit hyperactivity disorder (ADHD) is an important

disorder because it is the most prevalent chronic health condition affecting school aged children. Children with ADHD are at risk for academic and behavior problems. ADHD making a prevalence of 6.5 per cent. There were 11 boys and 12 girls. The ratio of male to female was 1:1.09. The ADHD students had lower scores in mathematics.

C. LEARNING AND READING DISORDERS

Klibanoff RS, et.al, (2006) conducted a study on preschool children's mathematical knowledge: The effect of teacher "math talk". This study examine the relation between the amount of mathematical input in the speech of preschool or day care teachers and the growth of children's conventional mathematical knowledge over the school year. The amount of teacher's math-related talk were significantly related to the growth of preschoolers conventional, mathematical knowledge over the school year but was unrelated to their math knowledge at the start of the school year.

Aunola K, et.al, (2006) conducted a study on developmental dynamics between mathematical performance, task motivation, and teachers' goals during the transition to primary school, with the background of the study that children's learning motivation and interest in a particular subject play an important role in their school performance, particularly in mathematics. The results showed that children's mathematical performance and related task motivation formed a cumulative developmental cycle: a high level of maths performance at the beginning of the first grade increased subsequent task motivation towards mathematics, which further predicted a high level of maths performance at the beginning of the second grade.

Tully LA, et al., (2004) conducted a study on what effect does classroom separation have on twins' behavior, progress at school, and reading abilities? This

investigation was part of a longitudinal study of a nationally-representative sample. They found that the monozygotic twins showed more problems as a result of separation than dizygotic twins. The implications of the findings for parents and teachers of twins, and for school practices about separating twins, are discussed.

Sarimski K (2004) conducted a study on assessment of behavioural problems in children with intellectual disability. Epidemiological data showed high prevalence of emotional and behavioural problems in children with intellectual disability.

Gadeyne E, et al, (2004) conducted a study on psychosocial functioning of young children with learning problems with the background of the study, psychosocial functioning of different groups of young children with learning problem was investigated using a diverse set of psychosocial variables. The study revealed that psychosocial variables simultaneously in different group of children with learning problems leads to a further refinement of the current knowledge.

D. COMMUNICATION DISORDERS

Marton K, et al, (2005) conducted a study on social cognition and language in children with specific language impairment. This investigation examined the relationship between social pragmatics, social self esteem and language in children with specific language impairment and in their age-matched peers 7-10 years. The learning outcomes shows that the reader will gain an understanding of the importance of applying intervention procedures that facilitate the use of language in different social situations and necessity of increasing parent teacher communication in schools.

Lindsay G, Dockrell J, (2000) conducted a study on the behavior and self-esteem of children with specific speech and language difficulties with the background

of the study that children with specific speech and language difficulties (SSLD) have associated difficulties that impair their access to the curriculum, and their social relationships at home and in school. They concluded that behavioural difficulties, but not low self-esteem, are common in children of 7-8 years with SSLD, but the differences in patterns of relationship between parents and teachers, with respect to children attending mainstream and special schools, challenge simple interpretations of comorbidity.

E. ANXIETY DISORDERS

Carroll JM, lies JE,(2006) conducted a study on an assessment of anxiety levels in dyslexic students in higher education with the background of the study that has long been hypothesized that children with learning disabilities, including dyslexia, may be highly vulnerable to emotional consequences such as anxiety. They found that dyslexic students in higher education show anxiety levels that are well above what is shown by students without learning difficulties. It is proposed that assessment of emotional well-being should form part of the assessment of need for dyslexic students entering higher education.

Muris P, et.al., (2004) conducted a study on children's perception and interpretation of anxiety-related physical symptoms. They found that the physical 'symptoms were associated with a broad range of emotions. Children reported to experience anxiety-related physical symptoms in daily life, although frequently not in relation to fearful situations and circumstances.

Kearney CA, Albano AM, (2004) conducted study on the functional profiles of school refusal behavior. School refusal behavior is a common problem seen mental health professionals and by educators but little consensus is available as to its classification, assessment, and treatment. Anxiety-related diagnoses were associated more with negatively reinforced school refusal behavior; separation anxiety disorder was associated more with attention-seeking behavior; and oppositional defiant disorder and conduct disorder were associated more with pursuit of tangible reinforcement outside of school.

Muris P, et.al., (2003) conducted a study on fear of the beast: a prospective study on the effects of negative information on childhood fear. A large group of normal primary school children aged between 4 and 12 years received either negative or positive information about an unknown, doglike animal, called 'the beast'. Children's fears were assessed at three points in time: before, directly after, and one week after the information about the beast was provided. Results showed that type of information changed children's fear of the beast in the predicted direction with negative information increasing fear levels and positive information decreasing fear levels.

F. TEMPER TANTRUMS

Albrecht SJ, et al, (2003) conducted a study on common behavioral dilemmas of the school-aged child. The encounter in the pediatric primary care setting include noncompliance, temper tantrums, and problems with eating and sleeping routines. Behavioral assessment procedures are useful in identifying the environmental events (i.e., antecedents and consequences) that may be maintaining

the problem behavior. By identifying the potential function of the behavior, more effective behavioral management strategies can be developed.

Potegal M, et.al., (2003) conducted a study on temper tantrums in young children. A novel analysis of behavior probabilities that permitted grouping of tantrums of different durations converged with our previous statistically independent results to yield a model of tantrums as the expression of two independent but partially overlapping emotional and behavioral processes: Anger and Distress. Anger rise quickly, has its peak at or near the beginning of the tantrum, and declines thereafter. Crying and comfort-seeking, components of distress, slowly increase in probability across the tantrum. This model indicates that tantrums can provide a window on the intense emotional processes of childhood.

Potegal M, Davidson RJ, (2003) conducted a study on temper tantrums in young children. Although tantrums are among the most common behavioral problems of young children and may predict future antisocial behavior, little is known about them. High-intensity anger decreased with age, and low-intensity anger increased with age. Distress, the fourth Principal Component (PC), consisted of whining, crying, and comfort-seeking. Coping Style, the fifth PC, had high but opposite loadings on dropping down and running away, possibly reflecting the tendency to either "submit" or "escape." Model validity was indicated by significant correlations of the PCs with tantrum variables that were, by design, not included in the PC analysis.

CONCEPTUAL FRAME WORK

J.W. Kenny's General System Model (1936). This model explains the breaking of whole things into parts and gaining knowledge about how the parts works together in a system and decision pertinent concept about them as well as making prediction about how these parts of whole will function, behave and react.

Input:

Input is a process by which system is able to communicate or react with its environment. It is defined as any information or matter that enters into the system. In this study, the investigator assesses the pretest level of knowledge regarding behavioral problems of children among primary school teachers and provide structured teaching programme on behavioral problems of children.

Throughput:

It is the common process by which a system transforms or creates and organizes input, resulting in a reorganization of the input. In this study the samples transforms and organizes the information received from the structured teaching programme on behavioral problems of children.

Output:

It is the end product of a system. It is energy, matter or information given out by the system as a result of its processing. In this study, it refers to the attainment of adequate knowledge on behavioral problems of children.by primary school teachers. The investigator assesses the post test level of knowledge.

Feedback:

It is the evaluation or response of the system. Feedback may be positive or negative. In this study feedback emphasize to strengthen the knowledge. The output is based on the information provided to primary school teachers. Positive outcome indicates attainment of adequate knowledge and negative outcome indicates inadequate knowledge which may be motivate to strengthen the knowledge by providing the structured teaching programme again.

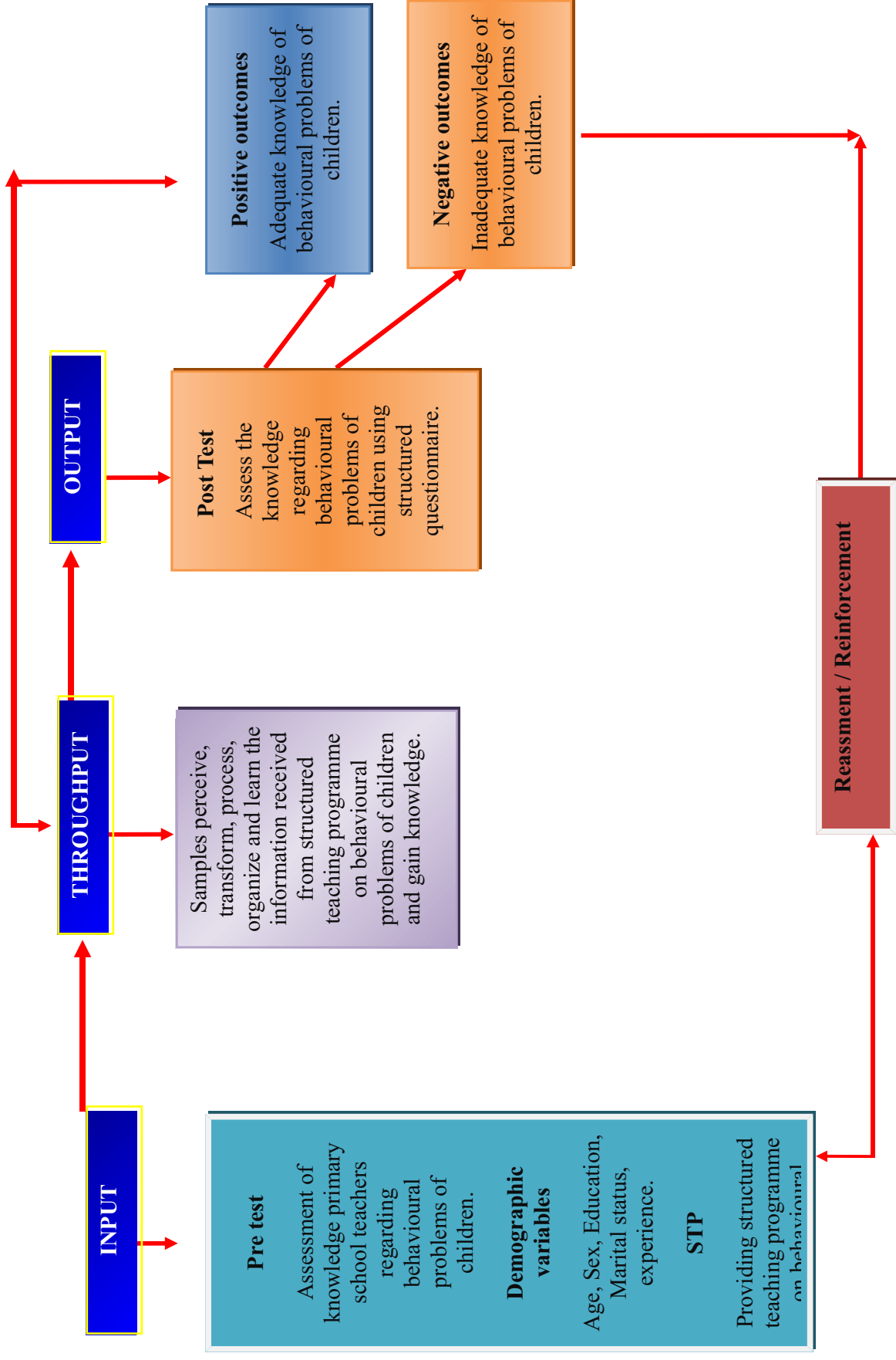


Fig 1 : Conceptual frame work based on modified J.W. Kenny's General system model (1936)

CHAPTER III

METHODOLOGY

Research methodology is one of the effective ways to solve research problems systematically. It involves a series of procedures in which the researcher starts from initial identification of the problem to its final conclusion. The chapter deals with the description of methodology, which was undertaken for gathering and organizing data for the investigator.

Research Approach :

It is an applied form of research that involves finding out how well a programme practice procedure or policies are working. It is a goal to assess or evaluate the success of a program.

- **Polit (2004)**

The approach used for the study is quantitative, educative and evaluative approach.

Research Design :

A researcher's overall plan for obtaining answers to the research questions are for testing the research hypothesis that is referred to as research design.

- **Polit & Hungler (1995)**

The research design used for this study was

- Pre-experimental one group pretest – posttest design.

$$O_1 \times O_2 = E$$

Key :

O1 - Pretest on behavioral problems of children

X - Intervention (structured teaching programme on behavioural problems of children).

O2- Post test on behavioral problems of children.

E- Effectiveness of structured teaching programme on behavioral problems of Children.

VARIABLES UNDER STUDY:

A variable is a measurable component of an object or event that may fluctuate in quantity or quality or that may be different in quantity or quality from one individual object or event to another individual object or event of the same general class.

- Manoj Kumar Yadav (2009)

Independent variable :

The variable that is believed to cause or influence the dependent variable in experimental research is the manipulated variable.

- Polit & Hungler (1995)

Structured teaching programme on behavioural problems of children was the independent variable in this study.

Dependent variable:

The outcome variable of interest; the variable that is hypothesized to depend on or be caused by another variable, the independent variable.

POPULATION:

According to Polit and Hungler, "Population refers to the entire aggregation of cases that meets designed criteria". The requirement of defining a population for a research project arises from the need to specify the group to which the study can be performed. The population for the present study are the school teachers at Erode District.

SAMPLE AND SAMPLING TECHNIQUES:**Sample:**

Sample for this study compress at primary school teachers in Sri Vivekananda Matriculation School, Kavitha Primary School, KonguVellalar Matriculation School at Erode district.

Sample size:

The sample comprises 50 primary school teachers from Sri VivekanandhaVidhyaBhavan Matriculation Higher Secondary School, Sakthinagar, Kavitha Nursery School, Sakthinagar, KonguVellalar Matriculation School, Athani, Erode District.

Sampling technique:

Sample technique used for this study convenient sampling technique.

SITE AND SETTING:

Site -srivivekanandhavidhyabhavan matriculation higher secondary school sakthinagar erode district

Setting—primary school class room.

1. Sri VivekanandhaVidhyaBhavan Matriculation Higher Secondary School, Sakthinagar,Erode District.
2. Kavitha Nursery School, Sakthinagar, Erode District.
3. KonguVellalar Matriculation School, Athani, Erode District.

Criteria for sampling criteria:

Inclusion criteria:

- The teachers who are willing to participate.
- Teachers who are teaching from standarard 1 to 5

Exclusion criteria:

- The teachers who are absent on that time of data collection.
- The teachers under went training regarding identify behavioural problems related to children

Data Collection Instrument:

An instrument selected in a research should be as far as possible the vehicle that would best obtain data for drawing conclusions, which were pertinent to the study.

Based on the objectives of the study, a structured questionnaire was prepared in order to assess the knowledge of primary school teachers regarding behavioural problems of children. It is considered to be an appropriate and effective instrument.

Selection and Development of the Tool:

The tool was developed on the basis of objectives of the study.

The tool was developed after:

1. Review of literature and text books provide adequate content area and information.
2. Consultation and discussion with experts from nursing psychiatry medicine departments
3. Discussion and consultation of the statistician. The following steps were taken to prepare the tool:

1. Review of Literature:

Reviews like books, journals, articles, periodicals, published and unpublished research studies were reviewed and used for the development of the tool. Experts in the field of mental health nursing for developing an appropriate tool consulted.

2. Preparation of the Blue Print:

The investigator prepared a blue print before constructing the questionnaire. The items were 30 questions on knowledge assessment.

3. Description of the Tool:

The final draft of the tool was prepared considering the suggestions of validators. It comprises 2 sections:

Section 1: Consists of baseline proforma.

Section2: Structured questionnaire

Section 1: Demographic Data

It consists of 6 items

a. Age

b. Sex

c. Education

d. Marital status

e. Having children between age group

f. Living area

g .Age at married

h Teachers monthly income

i. Types of family

Section 2: Structured Questionnaire

Structured knowledge questionnaire. This section consists of 30 questions items covering the following areas.

a. Based on experience, types-4 Questions

b. Based on common bad habits -5 Questions

c. Based on communication disorder-3 Questions

d. Based on learning disorder-7 Questions

e. Based on hyperactivity and conduct disorder-6 Questions

f. Based on temper tantrum-2 Questions

g. Based on anxiety-3 Questions

Each correct response carried one score comprising the total score of 30.

TESTING THE INSTRUMENT

Content validity:

The instruments were validated by 5 experts from the field of nursing and medicine. The experts suggested the addition and deletion of certain items and reorganization of the questions. Appropriate modifications were made, and the tool was finalized.

Reliability:

To ensure reliability test, pretest method was used. The self administered questionnaire was tested among 10 primary school teachers who were not included in the study. After four days, the same tool was administered without any manipulation to the same school teachers. The relative score position of the subjects were almost same. The co-efficient of Co-relation was found to be 0.86, which was indicated as high degree of reliability of the questionnaire

PILOT STUDY:

It is a small scale versions or trial run of the main study. In order to test the feasibility and relevance of the study, a pilot study was conducted.

The pilot study was conducted among 5 primary school teachers in Government Primary School, oricheripudur after getting permission from concerned authorities. They were selected by using convenient sampling technique. The self administered questionnaire was used to collect the data from primary school teachers. Data analysis was done using differential and inferential statistics. The study reports ensured feasibility of the study.

DATA COLLECTION PROCESS

- The study was conducted in Schools at Appakudal, Athani Villages, Erode district.
- Prior to data collection, permission was obtained from the concerned authorities.
- Primary school teachers who fulfilled the criteria were selected as samples by using convenient sampling technique.
- The researcher introduced herself to the participants and established rapport with them.
- The purpose of the study was explained to the participants.
- The researcher assured the participants for the confidentiality of their response.
- Before starting the data collection, oral consent was obtained from the participants
- The pretest was conducted with the help of self administered questionnaire. The tool was distributed to the primary school teachers.
- Structured teaching programme on behavioural problems of children was conducted to primary school teachers.
- After 1 week, the post test was conducted with the help of same self administered questionnaire.
- After successful data collection, the researcher conveyed her thanks to the participants.

DATA ANALYSIS

- ❖ The collected data was organized, tabulated and analyzed by using descriptive and inferential statistics.
- ❖ A Frequencies and percentages were used for the analysis of the demographic data.
- ❖ Mean score, mean percentage and standard deviation of difference were used for analyzing the pretest and post test scores.
- ❖ Paired 't' test was used to find out the inference in knowledge between the pretest and posttest.
- ❖ Chi-square test was used to find out the association between the level of knowledge in the pretest and demographic variables of the primary school teachers.

Plan for Data Analysis :

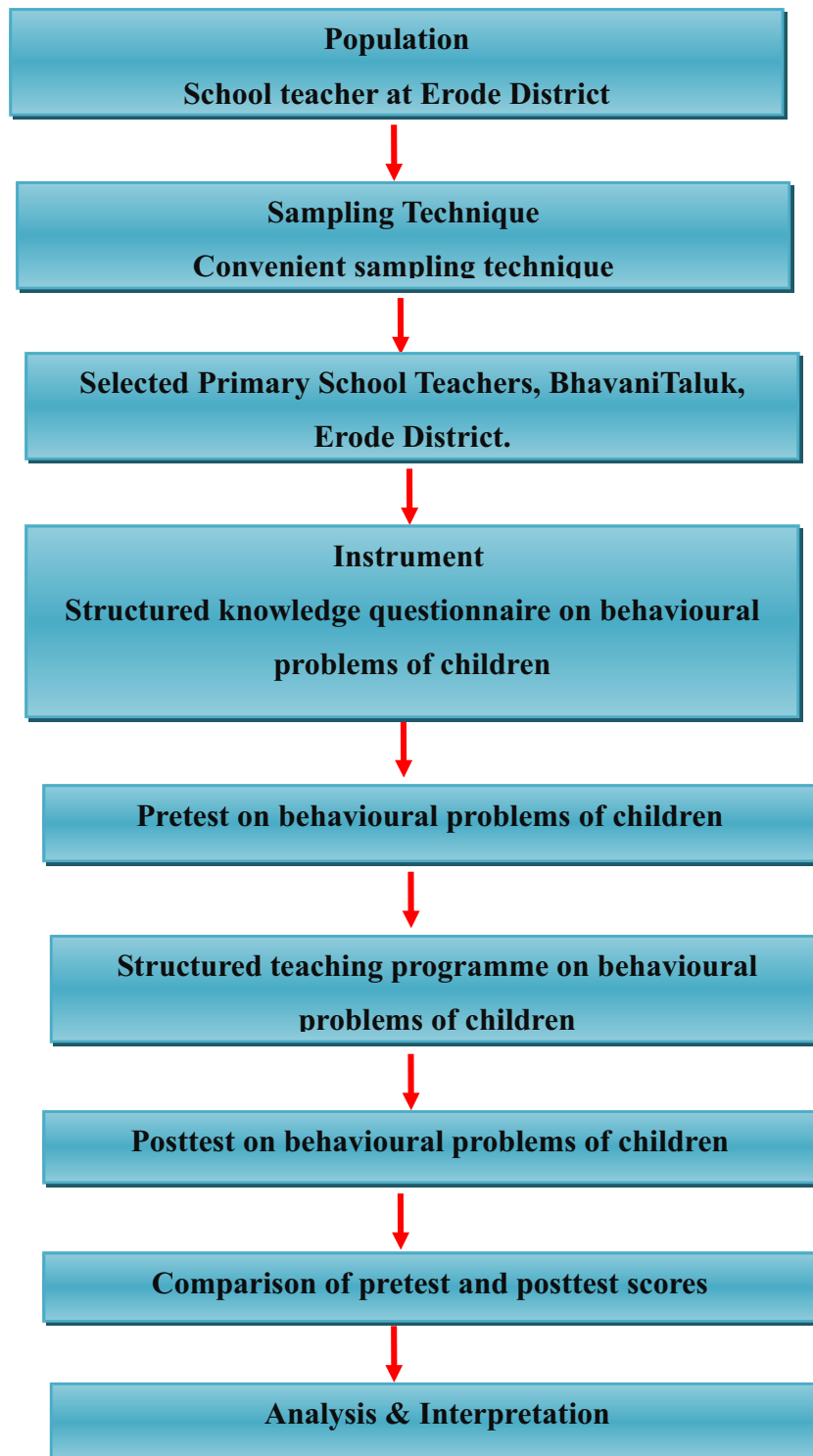
No	Data Analysis	Method	Purposes
1.	Descriptive statistics	- Frequencies and percentages	- For the analysis of the demographic data - For analyzing the pretest & posttest scores

2	Inferential statistics	<ul style="list-style-type: none"> - Mean score, mean % & standard deviation of difference. - Paired 't' test - Chi – square test 	<ul style="list-style-type: none"> - To find out the difference in knowledge between pretest and posttest - To find out the association between the level of knowledge in the pre test and demographic variables of the primary school teachers.
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ETHICAL CONSIDERATION

The study was conducted after the approval of the “dissertation committee” of the college. Permission was obtained from the concern authority of the selected schools. Oral consent was obtained from the participants of the study before starting the data collection. Assurance was given to the participants that the anonymity of each individual and confidentiality would be maintained throughout the study.

FIG. 2 : SCHEMATIC PRESENTATION OF THE RESEARCH DESIGN



CHAPTER IV

ANALYSIS AND INTERPRETATION

Analysis is the process of categorizing, organizing, manipulating and summarizing the data to obtain answers to research question. The purpose of analysis is to reduce data to intangible and interpretable form, from which the relations of research problem can be studied and tested. **-Polit, (2004).**

ORGANIZATION OF FINDINGS:

SECTION I

Frequency and percentage distribution of primary school teachers as per the selected demographic variable.

SECTION II

Analysis of pretest and posttest knowledge score of the primary school teachers on different aspects of behavioural problems of children.

SECTION III

Comparison of primary school teacher's pretest and posttest knowledge scores regarding behavioural problems of children.

SECTION IV

Association between the knowledge of primary school teachers regarding behavioural problems and selected demographic variables.

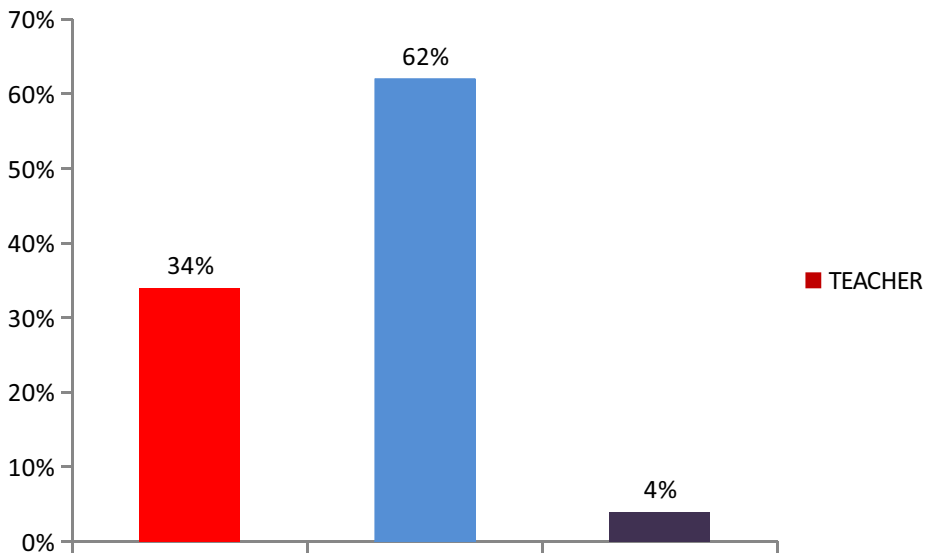
SECTION : I

Table 1 : Distribution of Primary school teachers according to selected demographic variables

Sl. No	Demographic Variables	Frequency	Percentages
1	Age in Years		
	(a) 20 – 30	31	62
	(b) 31 – 40	17	34
	(c) 41 – 50	2	4
2	Sex		
	(a) Male	8	18
	(b) Female	41	82
3	Education		
	(a) D.Ed.,	11	22
	(b) B.Ed.,	34	68
	(c) M.Ed.,	5	10
5	Having children between age group		
	(a) Below 6 yrs	20	40
	(b) 6-12 yrs	27	54
	(c) Above 12 yrs	3	6
6	The subjects being handled		
	(a) Language (Tamil / English/ Hindi)	16	32
	(b) Science (Physics / Chemistry/Biology)	17	34
	(c) Mathematics	17	34

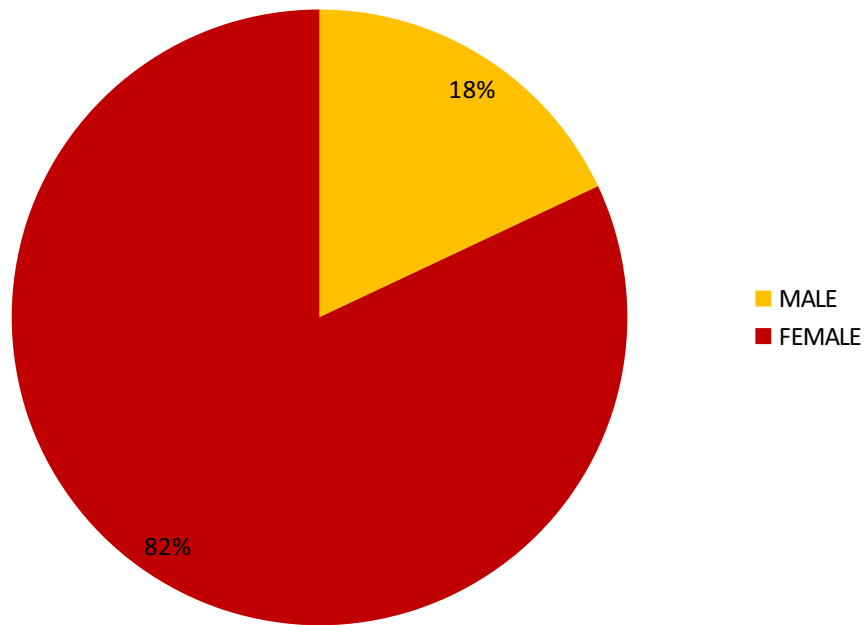
7	Teachers monthly income		44
	a)50000-10000	22	44
	b)10000-15000	22	6
	c)15000-20000	3	6
	d)above 20000	3	
8	Types of family		
	a)nuclear family	29	58
	b)joint family	21	42
	c)extended family	0	0
9	Marital status	20	40
	a)unmarried	27	54
	b)married	3	6
	c)separated		
10	Age at married		
	a)21-25yrs	16	32
	b) 25-30yrs	17	34
	c)above 30yrs	17	34

Fig 3 : Bar Diagram showing the percentage distribution of sample by age



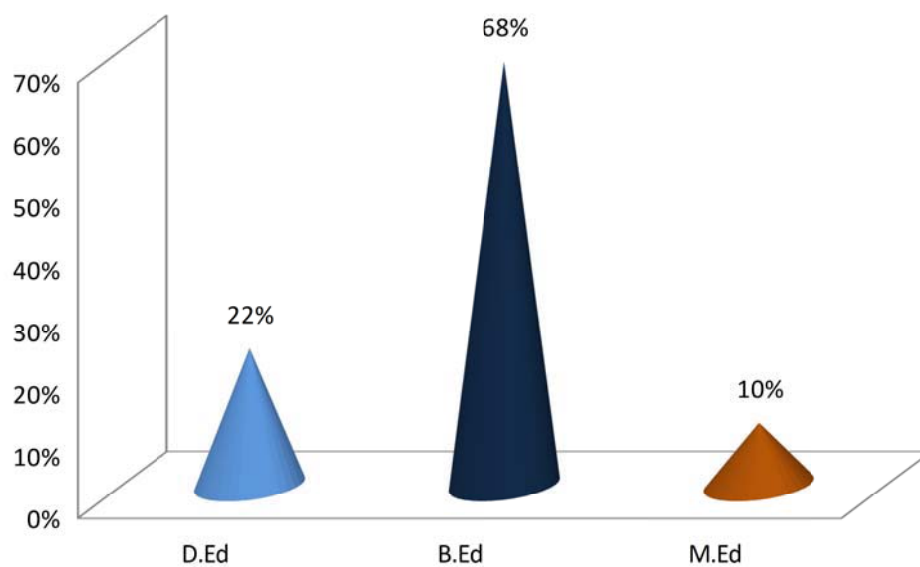
The above diagram show that 16(34.00%) primary school teachers was 2-30 years of age, 23(62.00%) were 31-40 years, and 11(4.00%) were 41 -50 years.

Fig 4 : Pie Diagram showing the percentage distribution of sample by Sex



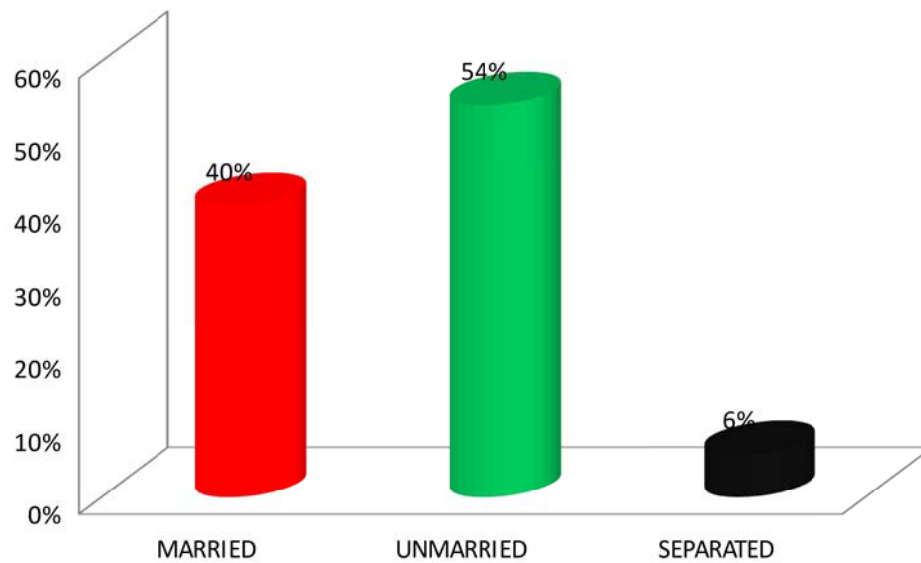
The above diagram show that 9(1800%) of primary school teachers were male and 41(82.00%) of them were female.

Fig. 5 : Pyramidal diagram showing the percentage distribution of samples by education



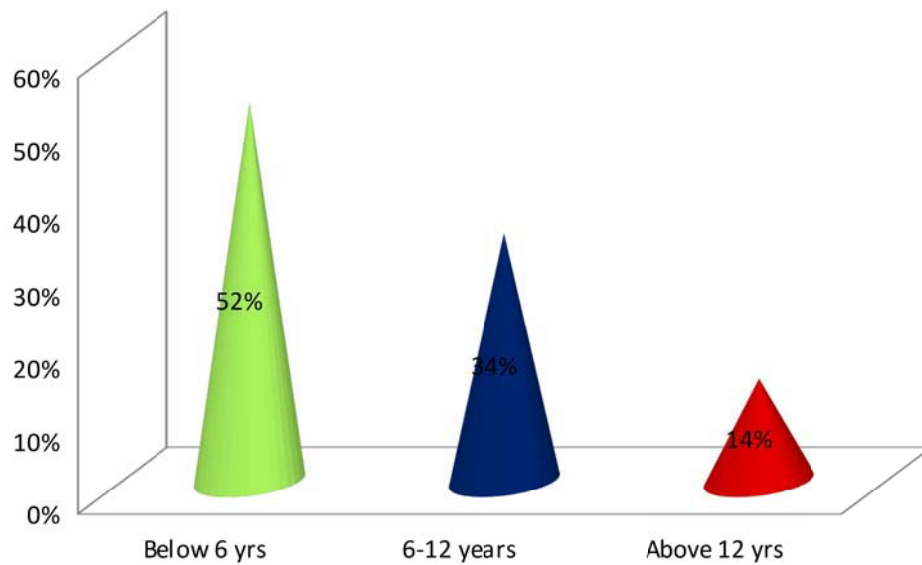
The above diagram shows that 11(22.00%) primary school teachers were educated D.Ed., 32(68.00%) of them were educated B.Ed., 5(10.00%) of them were M.Ed.,

Fig. 6 : Cylindrical diagram showing the percentage distribution of sample by Marital status



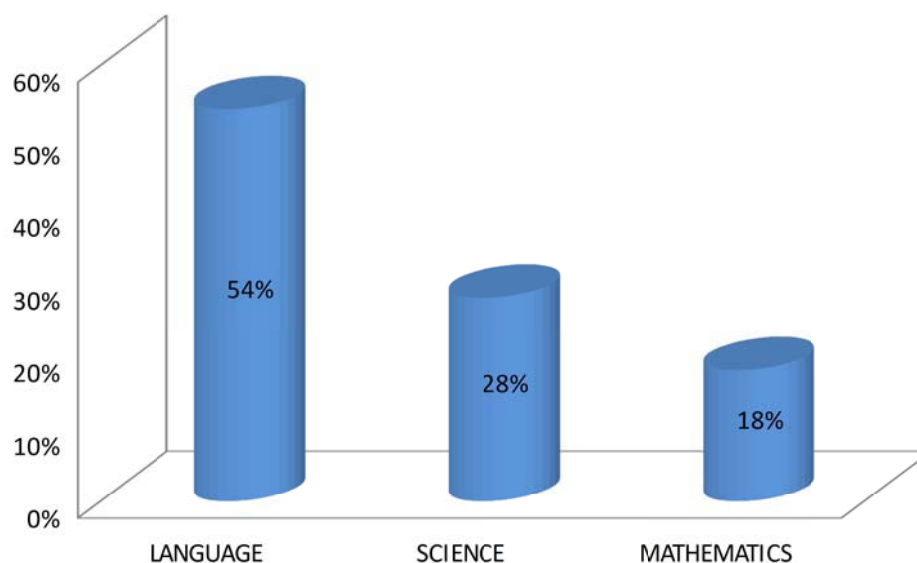
The above diagram show that 40% of primary school teachers are unmarried 54.00% of primary school teachers are married and 6% of primary school teachers are separated.

Fig. 7 : Pyramidal diagram showing the percentage distribution of samples according to having children between age group.



The above diagram show that 26(52.00%) of primary school teachers are have below 6 years children, 17(34.00%) of primary school teachers are have 6-12 years children, 7(14%) of primary school teachers are have above 12 years children.

Fig. 8 : Cylindrical diagram showing the percentage distribution of samples according to the subject being handled



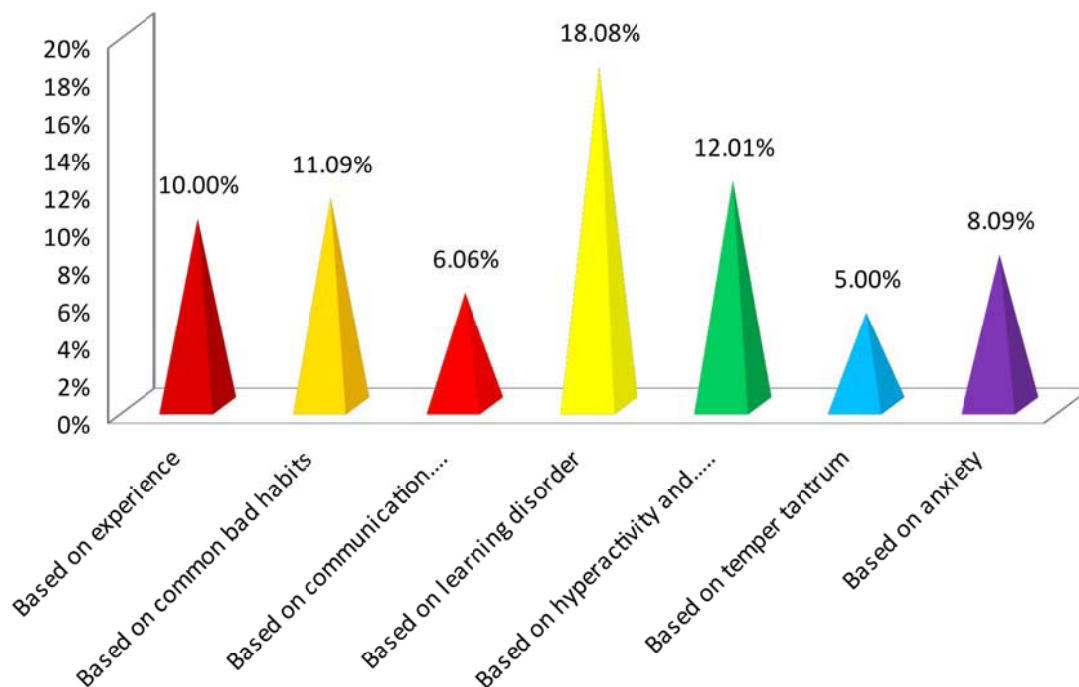
The above diagram show that 27(54.00%) of primary school teachers are handled language (Tamil / English / Hindi) subjects, 14(28.00%) of primary school teachers are handled science (Physics / Chemistry / Biology) subjects, 9(18.00%) of primary school teachers are handled mathematics subjects.

SECTION : II

**Table 2 : Aspect wise Percentage of pretest knowledge among primary school teachers
regarding behavioural problems of children**

Domain	No of questions	Min – Max scores	Total Score	Knowledge Score	
				Mean Score	%
Based on experience, types	4	1-4	90	1.8	10%
Based on common bad habits	5	5-9	107	2.14	11.9%
Based on communication disorder	3	10-12	59	1.18	6.6%
Based on learning disorder	7	13-19	169	3.38	3.38%
Based on hyper activity and conduct disorder	6	20-25	109	2.18	2.18%
Based on temper tantrum	2	26-27	45	0.9	0.9%
Based on anxiety	3	28-30	80	1.6	8.9%

Fig. 9 : Conical diagram showing the aspect wise pretest percentage of knowledge

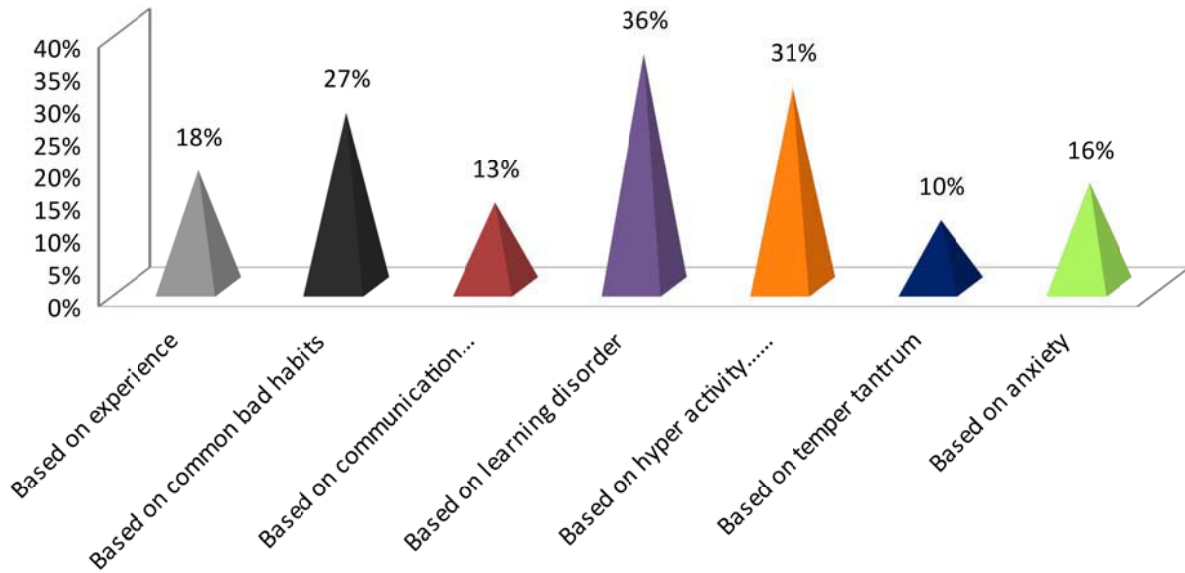


The above diagram show that the pretest knowledge score of primary school teachers on based on experience and types is 10%, based on common bad habits is 11.9%, based on communication disorder is 6.6%, based on learning disorder is 18.8%, based on hyper activity and conduct disorder is 12.1%, based on temper tantrum is 5% and based on anxiety is 8.9%.

Table 3 : Aspect wise percentage of posttest knowledge among primary school teachers regarding behavioural problems of children

Domain	No of questions	Min – Max scores	Total Score	Knowledge Score	
				Mean Score	%
Based on experience, types	4	1-4	168	3.36	18%
Based on common bad habits	5	5-9	231	4.62	27%
Based on communication disorder	3	10-12	138	2.76	13%
Based on learning disorder	7	13-19	326	6.52	36%
Based on hyper activity and conduct disorder	6	20-25	280	5.6	31%
Based on temper tantrum	2	26-27	93	1.80	10.3%
Based on anxiety	3	28-30	144	2.88	16%

Fig. 10 : Pyramidal diagram showing the aspect wise posttest percentage of knowledge score

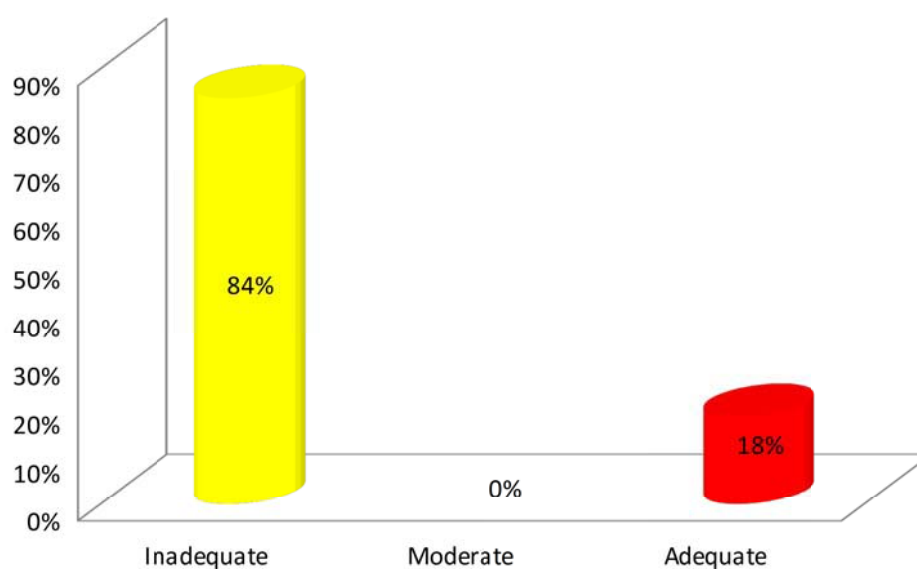


The above diagram show that the posttest knowledge score of primary school teachers on based on experience and type is 18%, based on common bad habits is 27%, based on communication disorder is 15%, based on learning disorder is 36%, based on hyper activity and conduct disorder is 31%, based on temperatantrum is 10.3% and based on anxiety is 16%.

Table 4 : Pretest level of knowledge regarding behavioural problems of children among primary school teachers.

Level of knowledge	No. of samples	Percentage
Inadequate	42	84%
Moderate	0	0%
Adequate	8	18%

Fig. 11 : Cylindrical diagram showing the percentage of level of pretest knowledge

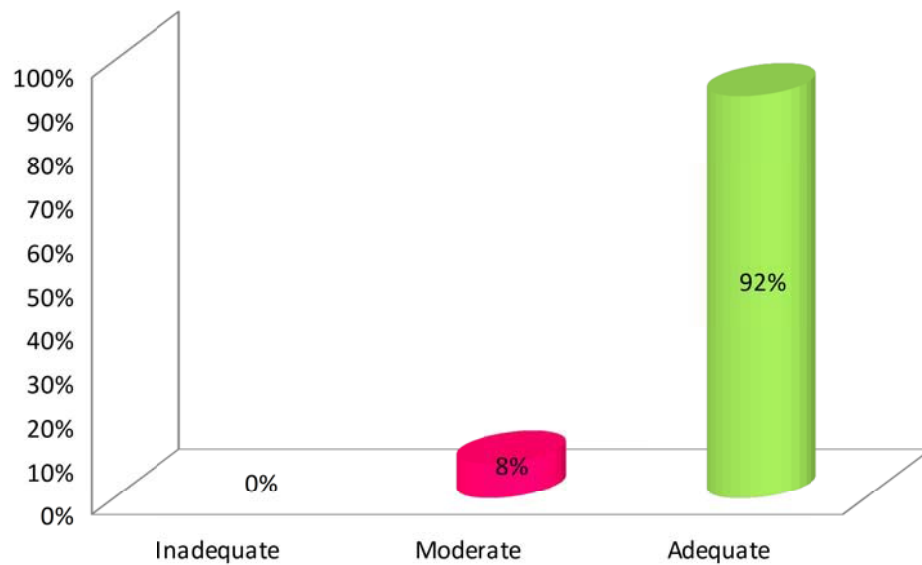


The above diagram show that in pretest, 46(92%) primary school teachers had inadequate knowledge, 4(8%) primary school teachers had moderate knowledge and none of them had adequate knowledge.

Table 5 :Post test level of knowledge regarding behavioural problems of children among primary school teachers

Level of knowledge	No of samples	Percentage
Inadequate	0	0%
Moderate	4	8%
Adequate	46	92%

Fig. 12 : Conical diagram showing the percentage of level of posttest knowledge



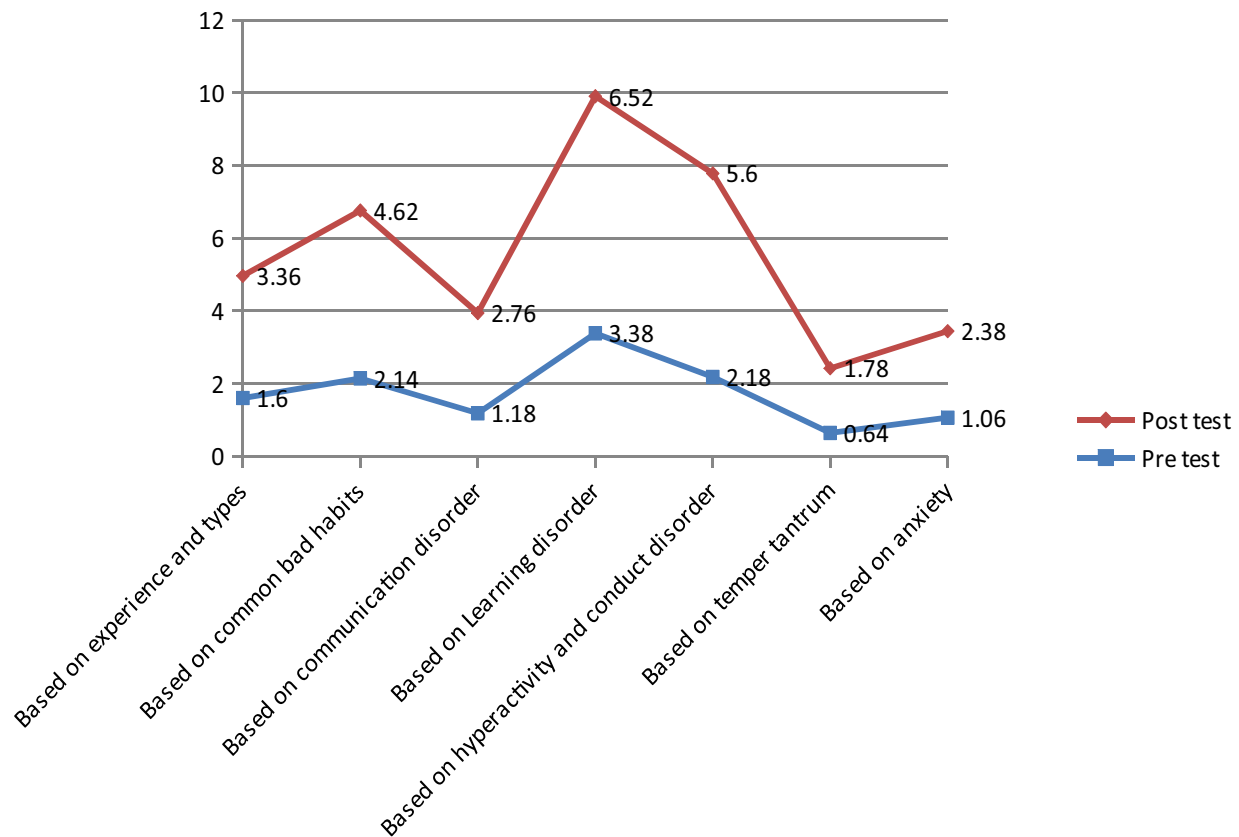
The above diagram shows that in posttest, 0(0%) primary school teachers had inadequate knowledge, 4(8%) primary school teachers had moderate knowledge and 46(92%) primary school teachers adequate knowledge.

SECTION : III

Table 6 : Comparison of knowledge scores of primary school teachers regarding behavioural problems of children in the pretest and posttest

Components	Observations	Mean	Mean difference	S.D	't' test	Significance
Based on experience and types	Pre test	1.8	1.56	1.4	7.7	Significant P<0.05
	Post test	3.36				
Based on bad common habits	Pre test	2.14	2.48	1.4	13.1	Significant P<0.05
	Post test	4.62				
Based on communication disorder	Pre test	1.18	1.58	1.1	12.9	Significant P<0.05
	Post test	2.76				
Based on Learning disorder	Pre test	3.38	3.14	7.1	21.8	Significant P<0.05
	Post test	6.52				
Based on hyperactivity and conduct disorder	Pre test	2.18	3.42	1.3	16.5	Significant P<0.05
	Post test	5.6				
Based on temper tantrum	Pre test	0.9	0.96	0.65	10.2	Significant P<0.05
	Post test	1.86				
Based on anxiety	Pre test	1.6	1.28	0.85	10.9	Significant P<0.05
	Post test	2.88				

Fig. 13 : Line diagram showing the comparison of mean scores between pretest and post test on knowledge.

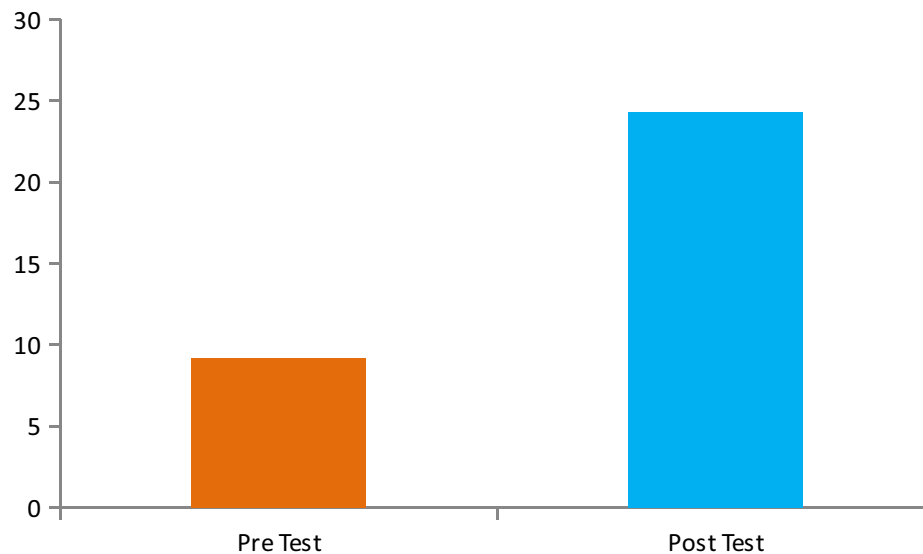


The above diagram show that the 't' value on based on experience and types is $t=7.7$ based on common bad habits is $t=13.1$ based on communication disorder is $t=12.9$, based on learning disorder is $t=21.8$, based on hyper activity and conduct disorder is $t=16.5$ based on temper tantrum is $t=10.2$ and based on anxiety is $t=10.9$. Hence H_1 is accepted.

Table 7 : Overall mean scores between pre test and post test knowledge on behavioural problems of children

Observation	Mean	Mean difference	S.D.	't' value	Significance
Pre Test	13.22	14.92	1.455	26.572	Significant $p < 0.05$
Post Test	23.14				

Fig. 14: Bar diagram showing the overall mean knowledge scores in the pretest and post test



The difference between the overall pretest (13.22) and posttest (23.14) mean scores revealed the effectiveness of the structured teaching programme on behavioral problems of children. Hence, there is significant increase in knowledge of the primary school teachers regarding behavioral problems after their exposure to structured teaching program.

SECTION IV

Table 8 : Association between the pretest knowledge of high risk women and selected demographic variables:

Demographic variables		Inadequate		Moderate		Chi Square	Significance
		F	%	F	%		
Age in Years	a.20-30	31	30	1	2	X ² =8.9 Df=2	P<0.005 Significant
	b.31-40	17	11	6	12		
	c.41-50	2	1	1	2		
Sex	a.Male	9	7	2	4	X ² =1.57 Df=1	P>0.05 Not significant
	b.Female	41	35	6	12		
Education	a.D.Ed	11	9	2	4	X ² =0 Df=2	P>0.05 Not Significant
	b. B.Ed	34	29	5	10		
	c. M.Ed	5	4	1	2		
Marital Status	a.Unmarried	20	17	3	6	X ² =0.6df=2	P>0.05 Not Significant
	b.Married	27	22	5	10		
	c.Seperated	3	3	0	0		
Having Children between age group	a.Below 6 yrs	26	20	6	12	X ² =0.472 Df=2	P>0.05 Not Significant
	b. 6-12 yrs	17	15	2	4		
	c. Above 12 yrs	7	7	0	0.		
The subjects being handled	a.Language (Tamil/English/Hindi)	27	20	5	10	X ² = 1.25 Df=2	P>0.05 Not Significant
	b. Science (Physics/Chemistry/Biology)	14	10	1	2		
	C.Mathematics	9	12	2	4		
Teacher monthly income at married	a) 5000-10000	22	20	5	10	X ² =0.39	p>0.05 not significant
	b)10000-15000	22	10	2	4		
	c)15000-20000	3	5	1	2		
	d)above20000	3	7	0	0		

Types of family Living area	a) 21-25yrs	16	20	4	8	X ² =0	p>0.05 not significant
	b)25-30yrs	17	17	4	8		
	c)above 30yrs	19	5	0	0		
	a)nuclear family	29	30	4	8	X ² =0.933	p>0.05not significant
	b)joint family	21	7	2	4		
	c)extendedfamily	0	5	2	4		
	a)urban	30	25	5	10	X ² =0.53	p>0.05 not significant
	b)rural	20	17	3	6		
	c)metropolitan						

From the above table, it is evident that there is significant association between the pretest — knowledge of primary school teachers and demographic variables age. There is no significant association between the pretest knowledge of primary school teachers and demographic variables of sex, education, marital status, having children between the Age group, the subjects being handled.

SECTION IV

Table 8: Association between the pretest knowledge of primary school teachers and selected demographic variables:

N=50

Demographic variables			Inadequate		Moderate		Chi Square	Significance
			F	%	F	%		
Age	in	a.20-30	13	30	1	2	X ² =8.9	P<0.005

Years	b.31-40	17	11	6	12	Df=2	Significant
	c.41-50	2	1	1	2		
Sex	a.Male	9	7	2	4	X ² =1.57	P>0.05 Not significant
	b.Female	41	35	6	12		
Educational Status	a.D.Ed	11	9	2	4	X ² =0	P>0.05 Not significant
	b. B.Ed	34	29	5	10		
	c. M.Ed	5	4	1	2	Df=2	Significant
Marital Status	a.Unmarried	20	17	3	6	X ² =0.472	P>0.05 Not significant
	b.Married	27	22	5	10		
	c.Separated	3	3	0	0		
Having Children between age group	a.Below 6 yrs	26	20	6	12	X ² =0.6	P>0.05 Not significant
	b. 6-12 yrs	17	15	2	4		
	c. Above 12 yrs	7	7			Df=2	Significant
The subjects being handled	a.Language (Tamil/English/Hindi)	27	20	5	10	X ² = 0.472	P>0.05 Not significant
	b. Science (Physics/Chemistry/Biology)	14	10	1	2		
	c. Mathematics	9	12	2	4		
Types of family	a) nuclear family	29	30	4	8	X ² =0.39	p>0.05 not significant
	b) joint family	21	7	2	4		
	c) extended family	0	5	2	4		
Age at married	a) 21-25yrs	16	20	4	8	X ² =0	p>0.05 not significant
	b) 25-30yrs	17	17	4	8		
	c) above 30 yrs	17	5	0	0		
Teachers monthly	a) 5000-1000	22	20	5	10	X ² =0.39	p>0.05 not significant
	b) 1000-15000	22					

income	c)15000-20000 d)above20000	3	10	2	4		significant
Living area	a)urban b)rural C)metropolitan	3 30 20	5 7 25 17	1 0 5 3	2 0 10 6	X ² =0.53	p>0.05 not significant

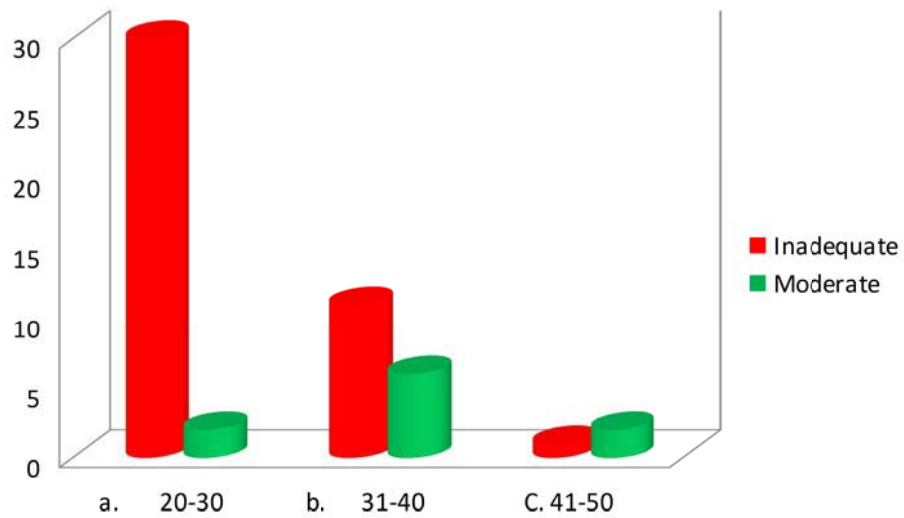
From the above table, it is evident that there is significant association between the pretest knowledge of primary school teachers and demographic variables age. There is no significant association between the pretest knowledge of primary school teachers and demographic variables of sex, education, marital status, having children between the Age group, the subjects being handled.

Table 8.1 : Association between the pretest knowledge of primary school teachers and age :

Demographic variables		Inadequate		Moderate		Chi square	Significant
		F	%	F	%		
Age in Year	a. 20-30	31	30	1	2	X ² =8.9 df=2	P< 0.005 Significant
	b. 31-40	17	11	12	6		
	C. 41-50	2	1	1	2		

S							
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Fig.15 : Cylindrical diagram showing the association between age and pretest level of knowledge



The above cylindrical diagrams shows that in pre-test score, 1(2%)

Primary school teachers of age group 20-30 years had moderate knowledge and 30 (31%) had inadequate knowledge 6(12%) had inadequate knowledge and 1(2%) had moderate, among 31-40 years age group, in 41-50 year age group.

CHAPTER : V

DISCUSSION

This chapter discuss about the important findings of the research to interpret the findings, data was obtained regarding knowledge onbehavioural problems of children among teachers in selected primary schools at Erode District".

1. To assess the knowledge regarding behavioral problems among primary school teachers.

The pretest mean knowledge score of primary school teachers on based on experience and types is 10%, based on common bad habits is 11.9% based on communication disorder is 6.6%, based on learning disorder is 18.85, based on hyper activity and conduct disorder is 12.1%, based on temper tantrum is 5% and based on anxiety is 8'9%.

The posttest mean knowledge score of primary school teachers on based on experience and type is 18%, based on common bad habits is 27%, based on communication disorder is 15%, based on learning disorder is 36%, based on hyper activity and conduct disorder is 31%, based on temper tantrum is 10.3% and based on anxiety is 16%.

In pretest, 42(84%) primary school teachers had inadequate knowledge, 8(18%) primary school teachers had moderate knowledge and none of them had adequate knowledge.

In posttest, 0(0%) primary school teachers had inadequate knowledge, 4(8%) primary school teachers had moderate knowledge and 46(92%) primary school teachers adequate knowledge.

2. To evaluate the effectiveness of structured teaching programme on knowledge regarding behavioural problems among primary school teachers.

The computed 't' value on based on experience and types is $t=7.7$ based on common bad habits is $t=13.1$, based on communication disorder is $t=12.9$, based on learning disorder is $t=21.8$, based on hyper activity and conduct disorder is $t=16.5$, based on temper tantrum is $t=10.2$ and based on anxiety is $t=10.9$. Hence, H_0 is accepted.

The difference between the overall pretest (13.22) and posttest (23.14) mean scores revealed the effectiveness of the structured teaching programme on behavioral problems of children. Hence, there is significant increase in knowledge of the primary school teachers regarding behavioral problems after their exposure to structured teaching program.

3. To find out the association between knowledge on behavioral problems of children among primary school teachers and selected demographic variables.

Table 8 revealed that there is significant association between the pretest knowledge of primary school teachers and demographic variables age ($P=8.9$). There is no significant association between the pretest knowledge of primary school teachers and demographic variables of sex ($P=1.57$), education ($P=0$), marital status (0), having children between age group (0.6), the subjects being handled (0.472). Types of family (0.39) Age at married (0) Teachers monthly income (0.39) Living area (0.53) Hence H_2 is accepted.

CHAPTER : VI

SUMMARY, CONCLUSION AND RECOMMENDATION

INTRODUCTION

The primary aim of the study was to identify the pretest knowledge score of teachers regarding behavioural problems of children after the administration of structured teaching programme. In pretest and posttest knowledge was assessed to find out the association between the knowledge of teachers and selected demographic variables.

SUMMARY:

The present study assessed the knowledge and practice regarding behavioural problems of children and found the school teachers had inadequate knowledge. After structured teaching programme on behavioural problems of children there is significant improvement on school teachers' knowledge. The study concluded that the structured teaching programme was effective in improving knowledge regarding behavioural problems of children.

OBJECTIVES OF THE STUDY:

1. To assess the knowledge regarding behavioral problems of children among primary school teachers.
2. To evaluate the effectiveness of structured teaching programme on knowledge regarding behavioral problems of children among primary school teachers.

3. To find out the association between knowledge on behavioral problems of children among primary school teachers and selected demographic variables.

The conceptual framework is adopted for the study is based on modified J.W. Kenny's General System Model (1936). In this study, review of literature is divided into seven parts.

G. Common behavioural problems

H, Conduct disorders

I. Learning and reading disorders

J. Communication disorders

K. Anxiety disorders

L. Temper tantrums

M. Prevalence of behavioural problems

METHODOLOGY:

The research design adopted for this study was pre-experimental design and research approach adopted for this was to evaluative the educative approach. The sample size was 50 teachers by convenient sampling method. Teachers were selected in selected schools at Erode District.

Data was collected by using structured questionnaire, this consists of two sections.

Section I - Demographic variables

Section II - Questionnaire regarding knowledge.

THE STUDY FINDINGS WHERE AS FOLLOWS:

The following were the results of this study.

- ❖ Most of the samples 46% were in the age group 31-40 years, 58% were female, and 64% had complete B.Ed., 50% of the samples are married and 58% of samples have <6 years age group of children.
- ❖ In pretest, 46(92%) primary school teachers had inadequate knowledge, 4(8%) primary school teachers had moderate knowledge and none of them had adequate knowledge.
- ❖ In posttest, 0(0%) primary school teachers had inadequate knowledge, 4(8%) primary school teachers had moderate knowledge and 46(92%) primary school teachers adequate knowledge.
- ❖ The difference between the overall pre-test and post-test knowledge mean difference scores was 15.10, which revealed the effectiveness of the structured teaching programme on behavioural problems of children. Hence, there was a significant increase in knowledge of the school teachers regarding behavioural problems of children after their exposure to the structured teaching programme on behavioural problems of children.
- ❖ Further, the paired 't' test was used to find the significant difference between the overall pre-test and post-test knowledge score. The 't' value 36.28 was significant at $p < 0.05$. Hence there was significant difference between the

overall pre-test and post test knowledge score, and that difference was due to the exposure of the school teachers to structured teaching programme.

- ❖ There was significant association between the level of knowledge of age and selected demographic variables.

CONCLUSION:

The researcher has full satisfaction in conducting study which is focused a paediatric age group. The experts opinions and direction from the guide, and help from psychiatric authorities made the study useful.

IMPLICATION OF THE STUDY:

The finding of study of implication are related to, nursing administration, nursing practice, nursing education, nursing research, and psychiatry regarding the increase in knowledge related to behavioural problems of children.

Nursing Implications

The findings of the study have implications in the filed of nursing education, nursing practice and nursing research.

Nursing Education

Nursing curriculum is a measure for motivating the students "to hunt for knowledge". It equip nurses with essential knowledge, skill and attitude for the prevention, promotion, early detection and management of behavioural problems of children. Developmental childhood disorders are important in paediatric, psychiatric and community nursing. School health services play an important part in the care of

such children. Nursing students should be given necessary theoretical and practical knowledge on school health programmes and how to utilize other professionals like teachers in health care. Curriculum should give additional importance in developing communication skill of the student nurses for better utilization of available resources.

Nursing Practice

Nurses play vital role at imparting health services in all levels of prevention, promotion and treatment. Nurses active participation in school health programmes by providing direct and indirect care helps to achieve these goals of health services. Teachers deficit in knowledge regarding prevention of behavioural problems indicate the need for arranging health education sessions in related topic.

Nursing Administration

The nursing administrators at institutional, local, state and national level should focus their attention to make the public conscious about the causes, risk factors and pre-disposing factors of mental health problems of children. Mass media may be utilized to educate the public. Health administrators should influence the education department to include the emotional problems of children in the curriculum of the teachers training programme. In collaboration with the education department, health administrators should assist in providing personnel to conduct short term courses to school teachers regarding the behavioural problems of children, so that they can be resource personnel.

Nursing Research

The researcher found scarcity in literature and research done on behavioural problems in nursing. So the investigator recommends conducting periodic research on childhood disorders and role of nurses.

Limitations

1. Knowledge of school teachers assessed through structured questionnaire.
2. The study was restricted to selected schools at Erode District.
3. The study was limited to primary school teachers only.
4. The sample for the study was limited to 50 teachers only.
5. The data was collected by convenient sampling method.

Recommendation:

1. Periodic revision of teachers training programme and recommend the inclusion of more practical, knowledge regarding behavioural problems.
2. Periodic assessment of teacher's knowledge regarding health related problems of school children to be conducted.
3. A study can be carried out to evaluate the efficiency of various teaching strategies like SIM, pamphlets, leaflets and computer assisted instruction on behavioural problems.

4. A study may be conducted among school teachers on mental health problems like conduct disorder, attention deficit disorder, temper tantrum and other emotional problems individually.
5. A concentrated effort should be made to increase the awareness among the school teachers in their role in school mental health services.
6. Arrange an orientation programme for teachers to various special schools, child guidance clinic.
7. Arrange an orientation programme on various behavioural problems among children.
8. Counseling centre should be offered in the schools.

SUGGESTIONS FOR FURTHER STUDY:

1. Periodic revision of the teacher's training program and recommend for the incursion of more practical knowledge regarding behavioural problems of children.
2. Periodic assessment of teachers' knowledge regarding health related problems of school children to be conducted.
3. A study can be carried out to evaluate the efficiency of various teaching strategies like pamphlets. Leaflets and computer assisted instruction on behavioural problems of children.
4. A concentrated effort should be made to increase the awareness among the school teachers regarding their role in school health service.

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LIST OF EXPERTS

1. MRS MEDONNA SELVAN MSC (N)
Department of psychiatric nursing
C.S.I Bishop collage of nursing
2. MR.THAMARAMSELVAN MSC(N)
Asst prof of mental health nursing
Narayana college of nursing
Nellore AP
3. MR.MJ FLEMING ANDREW TOM
Associate professor
Aurobindo college of nursing Karur
4. DR P SELVAN MS (GEN.SURGEON)
Raghav hospital
Appakudal

ANNEXURE-VI
TOOL FOR THE STUDY-STRUCTURED QUESTIONNAIRE
PART-I
Socio Demographic data

Instructions : Read the following items carefully and complete them by placing a tick mark ()
or fill the space provided.

1. Age

- (a). 20-30 yrs ()
- (b). 31-40 yrs ()
- (c). 41-50 yrs ()

2. Sex

- (a) Male ()
- (b) Female ()

3. Education

- (a) D.Ed., ()
- (b) B.Ed., ()
- (c) M.Ed., ()

4. Marital Status

- (a) Unmarried ()
- (b) Married ()
- (c) Seperated ()

5. Age at married

- (a) 21-25 yrs ()
- (b) 25-30 yrs ()
- (c) Above 30 yrs ()

6. Teachers monthly Income

- (a) 5000-10,000 ()
- (b) 10,000-15,000 ()
- (c) 15,000-20,000 ()
- (d) Above 20,000 ()

7. Types of family

- (a) Nuclear family ()
- (b) Joint family ()
- (c) Extented family ()

8. The subjects being handled

- (a) Language (Tamil/Eng/hindi) ()
- (b) Science (physics/Chemistry/Biology) ()
- (c) Mathematics ()

9. Living Area

- (a) Urban ()
- (b) Rural ()
- (c) Metro Politician ()

10. Having children between age group

- (a) Below 6 yrs ()
- (b) 6-12 yrs ()
- (c) Above 12 yrs

Part II

Structured questionnaire related to knowledge regarding behavioral problem of children among primary school teachers

BASED ON EXPERIENCE , TYPES AND CAUSES:

1. During your practice as a teacher have you ever noticed children with unusual

behavior?

- (a) Commonly noticed ()
- (b) Rarely noticed ()
- (c) Not noticed at all ()

2. What is the cause of behavioral problem in children?

- (a) Poor Parenting ()
- (b) Influence of peer group ()
- (c) Poor economic status ()

3. A child with behavioral problem has

- (a) Delay milestones ()
- (b) Normal development ()
- (c) Thinly built ()

4. What skill is lacking in child with behavioral problem?

- (a) Establishing a trusting relationship ()
- (b) Can deal with unfavorable events ()
- (c) Can make decisions ()

BASED ON COMMON BAD HABITS

5. what are the common bad habits you find in children ?

- (a) Thump Sucking ()
- (b) Destructiveness ()
- (c) Harming to animals ()

6. Why do the child develops thump sucking?

- (a) Insecurity ()
- (b) Over protection ()
- (c) Favorable environment ()

7. Have come across children eating non edible items? ()
 (a) Yes ()
 (b) No ()
8. If yes what is common non edible eating item you have come across in children? ()
 (a) Mud/clay ()
 (b) Ice cream ()
 (c) Fried food ()
9. What is the cause of eating non edible items? ()
 (a) Parental neglect ()
 (b) Chemical changes in the body ()
 (c) Hereditary ()

BASED ON COMMUNICATION DISORDER ;

10. Stammering is best described as ()
 (a) Disturbance of rhythm and fluency of speech ()
 (b) Inability to speak ()
 (c) Inability to initiated speech ()
11. What is the cause of stammering in children? ()
 (a) Chemical disturbances in brain ()
 (b) Good parental care ()
 (c) Favorable environment ()
12. Children with stammering exhibits ()
 (a) Normal developmental milestones ()
 (b) Inability to socialize ()
 (c) Easy to communicate ()

BASED ON LEARNING DISORDER :

13. Do children in the same class has the same learning disorder? ()
 (a) Possess different learning capacity ()
 (b) Possess unique learning capacity ()
 (c) Unknown ()
14. What do you mean by learning disability? ()
 (a) Reading disorder ()
 (b) Writing disorder ()
 (c) Mathematical disorder ()
15. How is learning disability manifested in a child? ()
 (a) Academic failures ()
 (b) School dropout ()
 (c) Behavioral prolems ()
16. Usually a child with learning disability has the following disorder ()
 (a) Delayed milestones ()
 (b) Reduced self esteem ()
 (c) Difficulty with school works ()
17. What do you understand by reading ? ()
 (a) Reproduce sound ()

- (b) Correct Pronunciation ()
- (c) Comprehension ()
- 18. Children with reading disorder usually**
 - (a) Read silently ()
 - (b) Omit words while reading ()
 - (c) Poor voice modulation ()
- 19. What do you understand by mathematics?**
 - (a) Science of abstract things ()
 - (b) Science of concepts ()
 - (c) Science of space and number ()

BASED ON HYPERACTIVITY AND CONDUCT DISORDER

- 20. What do you understand by hyperactive child?**
 - (a) Always complete the task correctly ()
 - (b) Has difficulty staying seated in his chair ()
 - (c) Has short span of attention ()
- 21. What are the reasons for hyperactive and impulsive behavior in children?**
 - (a) Brain damage and mental sub normality ()
 - (b) Influence on the peer groups ()
 - (c) It is a method of coping ()
- 22. Why do children often will talk and behave peculiarly?**
 - (a) Want to be mischievous ()
 - (b) Undergo stressful experience ()
 - (c) Want to get attention ()
- 23. Why does resistance of children cause damage to self and others?**
 - (a) Reacting to stress ()
 - (b) Trying to get attention from others ()
 - (c) Trying to show his powers ()
- 24. Why do children may adopt compulsive stealing?**
 - (a) Material gain ()
 - (b) Psychological satisfaction ()
 - (c) Raking revenge ()
- 25. Why do children avoid test or punishment?**
 - (a) Complaining of physical ailments ()
 - (b) Becoming aggressive ()
 - (c) Inability to cope ()

BASED ON TEMPER TANTRUM :

- 26. What may be the reason for showing temper tantrum in children?**
 - (a) Demanding materials ()
 - (b) Being frustrated at the risk ()
 - (c) When teased y others ()
- 27. In your experience how do children express temper tantrum?**
 - (a) Sulks, Whines, cries, refuses food ()
 - (b) Shouts, rolls on the floor ()

(c) Exhibits destructive behavior ()

BASED ON ANXIETY :

28. What is the reason for anxiety in children?

- (a) Separation from parents ()
- (b) Well known environment ()
- (c) Being with siblings ()

29. What is the common type of anxiety found in children?

- (a) Tics ()
- (b) PICA ()
- (c) Stealing ()

30. How will the child express anxiety?

- (a) Palpitations ()
- (b) Crying ()
- (c) Pulling hair of others ()

குறிப்பு:

கீழ்க்கண்ட குறிப்பு விவரங்களை கவனமாக படித்து அருகில் உள்ள அடைப்புக் குறிகளில் சரியான குறிகளை இடுக.

1. வயது

(அ). 20-30 வருடங்கள் ()

(ஆ). 31-40 வருடங்கள் ()

(இ). 41-50 வருடங்கள் ()

2. பாலினம்

(அ). ஆண் ()

(ஆ). பெண் ()

3. கல்வித்தகுதி

(அ). D.Ed ()

(ஆ). B.Ed ()

(இ). M.Ed ()

4. திருமண நிலை

(அ). திருமணமாகவில்லை ()

(ஆ). ஆகிவிட்டது ()

(இ). பிரிந்துள்ளோம் ()

5. திருமணவயது

(அ) 21-25 வருடங்கள் ()

(ஆ). 25-30 வருடங்கள் ()

(இ). 30 வயதிற்குமேல் ()

6. ஆசிரியரின் மாத வருமானம்

(அ). 5000-10000 ()

(ஆ). 10000-15000 ()

(இ). 15000-20000 ()

(ஈ). 20000 க்கு மேல் ()

7. குடும்பத்தின் வகை

(அ). தனி குடும்பம் ()

(ஆ). கூட்டு குடும்பம் ()

(இ). பெரிய குடும்பம் ()

8. கையாளும் பாடம்

(அ). பொழி (தமிழ்/இங்கிலீஸ்/ஹிந்தி) ()

(ஆ). அறிவியல் (இயற்பியல்/ வேதியியல்/ உயிரியல்/ விலங்கியல்)

()

(இ). கணிதம் ()

9. வசிக்கும் இடம்

(அ). கிராமம் ()

(ஆ). நகரம் ()

(இ). தலைநகரம் ()

10. குழந்தைகளின் வயது

(அ). 1-6 வயது ()

(ஆ). 6-12 வயது ()

(இ). 12 க்கு மேல் ()

அனுபவம் :

வகை மற்றும் காரணங்களின் மைப்பின் மூலம் கேள்விகள் :

1. நீங்கள் ஒரு ஆசிரியராக ஏதேனும் ஒரு மாறுபட்ட பழக்க வழக்கமடைந்த குழந்தையை கண்டதுண்டா?

(அ). அடிக்கடி ()

(ஆ). ஏதேனும்ஒருசிலசமயத்தில் ()

(இ). கண்டதில்லை ()

2. குழந்தைகளுக்கு ஒழுக்கமற்ற செயல்கள் வருவதன் காரணம் என்ன?

(அ). பெற்றோரின் கவனமின்மை ()

(ஆ). தன்னுடன்பழகுவரின் குணங்கள் ()

(இ). வறுமை ()

3. ஒழுக்கமற்ற செயல்கள் உள்ள குழந்தைகள் எப்படி இருப்பர் ?

(அ). குறைந்தவளர்ச்சி ()

(ஆ). சரியானவளர்ச்சி ()

(இ). ஒல்லியாக இருத்தல் ()

4. ஒழுக்கமற்ற செயல்கள் உள்ள குழந்தைகளுக்கு எவ்வித திறன் குறைந் திருக்கும்?

(அ). உறவுகளை நம்புதல் ()

(ஆ). தேவையற்ற செயலை செய்வது ()

(இ). சரியாக முடிவு எடுத்தல் ()

கெட்ட பழக்கங்களின் அடிப்படையில் கேள்விகள் :

5. குழந்தைகளிடம் பொதுவாக உள்ள கெட்ட பழக்கங்கள்

(அ). விரல் சப்புதல் ()

(ஆ). அழித்தல் ()

(இ). விலங்குகளுக்கு தீங்கு விளைவித்தல் ()

6. ஏன் குழந்தைகள் விரல் சப்புகிறார்கள் ?

(அ). பாதுகாப்பு இல்லாமை ()

(ஆ). அதிக பாதுகாப்பு ()

(இ). பிடித்த சுற்றுச் சூழல் ()

7. நீங்கள் எப்பொழுதாவது குழந்தை சாப்பிடக்கூடாத பொருளை, சாப்பிடும் போது கண்டதுண்டா?

(அ).ஆம் ()

(ஆ). இல்லை ()

8. ஆம் என்றால் என்ன உணவு அது?

(அ). கள்மண் ()

(ஆ). ஐஸ்கிரீம் ()

(இ). பொரித்த உணவுகள்

9. சாப்பிடக்கூடாத உணவுகளை சாப்பிடக் காரணம் என்ன?

(அ). பெற்றோர் கவனக் குறைவு ()

(ஆ). வேதியியல் மாற்றம் உடலில் ஏற்படுதல் ()

(இ). பரம்பரை ()

தகவல் அடிப்படையான ஒழுங்கின்மை :

10. திக்கிப்பேசுதல் என்பது

(அ). சீர்க்குலைந்த இசை மற்றும் சொல்லோட்டம் ()

(ஆ). பேச இயலாதது ()

(இ). பேச ஆரம்பத்தில் தடுமாற்றம் ()

11. திக்கிப் பேசுதலின் காரணங்கள்

(அ). மூளையில் உள்ள வேதியியல் பொருளின் தொந்தரவு ()

(ஆ). பெற்றோரின் கவனக்குறைவு ()

(இ). சுற்றுச் சூழல் ()

12. திக்கிப்பேசும் குழந்தையை கண்டறிதல்

(அ). சரியான வளர்ச்சி ()

(ஆ). சமூக ஒற்றுமை இல்லை ()

(இ). எளிமையான உரையாடல் ()

கற்றல் அடிப்படையான ஒழுங்கின்மை :

13. ஒரே வகுப்பில் படிக்கும் குழந்தைகளுக்கு ஒரே மாதிரியான கற்றுக் கொள்ளும் திறன் உள்ளதா?

(அ). வேறுபாடுண்டு ()

(ஆ). வேறுபாடில்லை ()

(இ). தெரியவில்லை ()

14. கற்றல் இயலாமை என்பது

(அ). படிக்க இயலாது ()

(ஆ). எழுத இயலாது ()

(இ). கணக்கு தெரியாது ()

15. கற்கயிலாத குழந்தையின் அறிகுறி என்ன?

(அ). கல்வியில் தோல்வியடைதல் ()

(ஆ). பள்ளிப்படிப்பை இடையில் நிறுத்துதல் ()

(இ). பழக்க வழக்க பிரச்சினைகள் ()

16. கற்கயிலாத குழந்தை எவ்வித தொந்தரவை இதனுடன் இணைத்து வைத்திருக்கும் ?

(அ). உடல் அம்ற்றும் மனவளர்ச்சியில் தாமதம் ஏற்படுதல் ()

(ஆ). குறைந்த சுயமரியாதை ()

(இ). பள்ளி வேலைகளை செய்ய இயலாது ()

17. படித்தல் என்றால்

(அ). சத்தத்தை உருவாக்குதல் ()

(ஆ). சரியாக உச்சரித்தல் ()

(இ). புரிந்து கொள்ளுந்திறன் ()

18. படிக்க தெரியாத குழந்தை செய்வது

(அ). அமைதியாக படித்தல் ()

(ஆ). படிக்கும் போது வார்த்தைகளை விடுதல் ()

(இ). சரியற்றக் குரல் ()

19. கணிதத்தில் நீ அறிந்தது என்ன?

(அ). பிரித்து எடுக்கப்பட்ட பொருளின் அறிவியல் ()

(ஆ). பொது கருத்தின் அறிவியல் ()

(இ). எண்களின் அறிவியல் ()

அடிகப்படியான சுறுசுறுப்பு மற்றும் நடத்தையின் அடிப்படையான ஒழுங்கின்மை :

20. அதிக சுறுசுறுப்பான குழந்தை பற்றி அறிந்தது என்ன ?

(அ). எப்பொழுதும் வேலையை சரியாக முடித்தல் ()

(ஆ). நாற்காலியில் சரியாக அமர முடியாமலிருப்பது ()

(இ). கவனிக்கும் திறன் குறைவு ()

21. அதிக சுறுசுறுப்பு மற்றும் உணர்ச்சி வயப்பட்ட செயலின் காரணம் என்ன?

(அ). மூளைச்சிதைவு மற்றும் மனநோய் ()

(ஆ). தன்னுடன் பழகுவரின் தூண்டுதல் ()

(இ). ஒரு வகையான ஒத்துப் போதல் ()

22. குழந்தைகள் ஏன் எப்பொழுதும் வித்தியாசமாக பேசுகின்றன மற்றும் வித்தியாசமாக நடந்து கொள்ளுகின்றன?

(அ). மற்றவர்கள் தவறாக நடந்து கொள்ளும் பொழுது ()

(ஆ). மன அழுத்தத்திற்கு உள்ளாகும் பொழுது ()

(இ). அடுத்தவர்களின் கவனத்தை ஈர்ப்பதற்கு ()

23. புண்படுத்தும் காரணம் என்ன?

(அ). வற்புறுத்தும் செயல் ()

(ஆ). மற்றவர்களை கவனிக்க முயற்சி செய்தல் ()

(இ). மற்றவர்களிடம் தன் சக்தியை காட்ட முயற்சித்தல் ()

24. ஏன் குழந்தைவகை கட்டாயமாக திருட மேற்கொள்கின்றன?

(அ). பொருள் சார்ந்த ஆதாயம் பெறுதல் ()

(ஆ). மன திருப்தி ()

(இ). பழிக்குப் பழி எடுத்தல் ()

25. ஏன் குழந்தைகள் தேர்வு மற்றும் தண்டனையை விலக்குகிறார்கள் ?

(அ). உடல் நலிவைக்குறைக் கூறுதல் ()

(ஆ). மிக கோபமடைதல் ()

(இ). பொறுத்துக்கொள்ள முடியாததால் ()

முன்கோபத்தை வெளிக்காட்டும் விதம்பற்றி :

26. குழந்தைகள் முன்கோபத்தை வெளிகாட்டும் காரணம் என்ன?

(அ). தேவையான பொருட்கள் கிடைக்காததால் ()

(ஆ). செய்யும் வேலைகளில் குழப்பம் ()

(இ). மற்றவர்களால் கேலி அடைதலின்போது ()

27. உங்கள் அனுபவத்தில் குழந்தை எப்படி முன் கோபத்தை வெளிப்படுத்தும் ?

(அ). சினுங்குதல்;புலம்புதல்;அழுதால் ; சாப்பாட்டை தவிர்த்தல் ()

(ஆ). கத்துதல் ()

(இ). தரையில் புரண்டுதல் ()

கவலை அடிப்படையான கேள்விகள் :

28. குழந்தைகள் கவலைப்படுவதின் காரணம் என்ன?

(அ). பெற்றோரைவிட்டு தனியாக இருத்தல் ()

(ஆ). பழக்கப்பட்ட சுற்றுச் சூழல் ()

(இ). உடன் பிறந்தவர்களுடன் இருத்தல் ()

29. பொதுவாக குழந்தைகளிடம் காணப்படும் கவலை என்ன?

(அ). தன்னிச்சையான அசைவுகள் ()

(ஆ). களிமண், பற்பொடி சாப்பிடுதல் ()

(இ). திருடுதல் ()

30. குழந்தை எப்படி கவலையை வெளிப்படுத்துவார்கள் ?

(அ). படப்படப்பாக இருப்பர் ()

(ஆ). அழுதல் ()

(இ). மற்றவர்களின் தலைமுடியை பிடித்து இழுத்தல் ()

Structured teaching programme
On
Behavioural problems of children

Structured teaching programme On Behavioural problems of children

TOPIC	: Behavior problems of children
GROUP	: School Teachers
VENUE	: Classroom
DURATION	: 45 minutes
METHOD OF TEACHIING	: Lecture cum Demonstration followed by Discussion
TEACHING AID	: Black board, Roller board

GENERAL OBJECTIVES ;

On completion of this session the learners acquire knowledge regarding behavioral problem of children

SPECIFIC OBJECTIVES:

On completion of this teaching session the learners will e able to

- ❖ Define the behavioural problems
- ❖ List out the causes of behavioural problems of children
- ❖ Explain the behavioural problems

S.N	Time	Specific objectives	Content	Method of	Teaching &	AV Aids	Evaluation
O							

				teaching	learning activities		
1.	Introduce the topic	<p>“THE BEHAVIOUR OF A PERSON DECIDES A LIFE OF A PERSON”</p> <p>-</p> <p>D.B.Rao</p> <p>Introduction :</p> <p>Children are the nation’s most important assets. A child spent most of the working hours in school with their teachers. So, they play a significant role in the all round development of the child. A teacher knows the developmental changes in children and conditions that alter the normal development can help in early diagnosis and promotion of their health.</p>		Lecture		Black board	
2	Teachers are able to	<p>Definition :</p> <p>An abnormality of emotions, behavior</p>		Lecture cum	Listening	Black board	

		define the behavioural problems	or relationship which is sufficiently severe and persistent to handicap the child in his social or personal functioning and to cause distress to the child, their care gives and to people in the community.	discussion			
3.	Teachers are able to listout the causes	<p>Causes :</p> <ol style="list-style-type: none"> 1. Genetic factors 2. Brain disorder 3. Environmental factors 4. Family <ol style="list-style-type: none"> a. Parental rejection b. Physical neglect c. Denial of love and affection d. Unpleasant psychological experience of child in the family e. Faulty parent child relations f. Setting unrealistic demands on the child g. Inadequate communication h. Broken homes i. Divorced parents j. Death of parent 	Lecture	Listening	Black board	List of the causes?	

				<p>5. Influence of neighbourhood</p> <p>6. School : Unhealthy School</p> <p>7. Socio-cultural factors</p> <p>BEHAVIOURAL PROBLEMS:</p> <ol style="list-style-type: none"> 1. Common bad habits 2. Learning Disorder 3. Communication Disorder 4. Hyper activity and conduct disorder 5. Temper tantrum 6. Anxiety <p>Common bad habits :</p> <p>Behavioural disorders are caused by multiple factors. No signal event is responsible for this condition. The important contributing factors are :</p> <ul style="list-style-type: none"> • Thumb Sucking • Nail biting • Encopresis • Bruxism • Eating non edible items • Feeding problems 	Lecture cum discussion	Listening	Role of Board	Explain the behavioural problem?
4.	2mts	Teachers are able to explain the behavioural problems						

[illegible]

imitating the parent who is also a nail biter.




Encopresis :

It is a passage of feces into appropriate places. It is more serious form of emotional disturbances due to unconscious anger, stress and anxiety.

Tics :

Tics are sudden up normal involuntary moments. It repetitive, purposeless, rapid stereo type moments of striated muscles, mainly of the face an neck.

Enuresis :

					<p>Most f the child eating a non edible items like mud / clay, etc., it occurs due to</p> 	
					<p>Communication disorder:</p> <p>Speech delay : Delay in speech may occur due to any one of the following reasons like emotional problems, too many languages being spoken at home, being left alone most of the time and partial deafness.</p> <p>Stuttering or stammering :</p> <p>It is a disturbance of the rhythm and fluency of speech. It is also includes blocking the sounds, hesitations and tense. It is commonly seen in boys. The inability to answer immediately and t</p>	

read aloud in the class. It is seen in children who are anxious.



Learning disorder :

Learning disability(LD) is suspected when there is unexpected under achievement inadequate education settings. Learning disability is a disorder in one or more of the basic

psychological process involved in understanding or in using language, spoken or written.

Which may itself manifest

imperfect ability to

listen speak, read, write, spell to do



mathematics calculations.



(a). Reading disorders:

It is characterized by delay n learning to read. Errors in reading include omissions, substitutions or distortions or words, slow reading, important hesitates as and reversal of words or letters.

(b) Spelling disorders :

The main feature of this disorder is a specified and significant impairment in spelling skills.


©. Disorders of arithmetic skills:

These involve deficits in the

[illegible]

[illegible]

[illegible]

				<p>Anxiety :</p> <p>Anxiety is a feeling of apprehension or dead, feeling that something is going to happen.</p> <p>It is the excessive fear of separation from the home or from those to whom the child is attached. It can occur in both boys and girls.</p> 				
5.			To summarize	Summary: So far we seen about the definition				

		the topic	of behavioural problem and what are the common behavioural problems of children occur in earlier stages.				
6.		To conclude the topic	Conclusion: From this I concluded my topic, children are the tomorrow's responsible citizens of the world. So from beginning period of school age itself prevent the behavioural problems of the children the future of our country depends on the mental health of our young people.				